



SAMPLE OF SOME BRABO OPTIONS IN 2022

This is just a quick summary of some available benefits. Beneficiaries MUST review all plan documents and schedules of benefits to make the most informed decision.

BRABO MEDICARE OPTIONS 2022			
	UNITED HEALTHCARE	TUFTS HEALTH	HARVARD + AETNA Rx
	PPO ADVANTAGE PLAN	HMO ADVANTAGE PLAN	SUPPLEMENT & PART D PLAN
PART B PREMIUM FROM MEDICARE*	\$170.01	\$170.01	\$170.01
MONTHLY MEDICAL PREMIUM	None!	None!	\$195.00
MONTHLY Rx PREMIUM	None!	None!	\$7.40
TOTAL MONTHLY	\$170.01	\$170.01	\$372.41
TOTAL ANNUAL COST	\$2,040.12	\$2,040.12	\$4,468.92
NETWORK INFORMATION			
Network	PPO National	HMO - Local	Anyone that takes Medicare!
Referrals	Yes	Yes	None
Deductible			
Individual Deductible	None	None	\$203
Schedule of Benefits			
PCP Office Visit Copay	\$0	\$0	\$0
Specialist Office Visit Copay	\$45	\$50	\$0
PT/OT/ST	\$45	\$50	\$0
Annual Physical Exams	\$0	\$0	\$0
Emergency Room Copay	\$90 copay	\$90 copay	\$0
Surgical Copays	\$295 copay	\$370 copay	\$0
Inpatient Stays	\$395 per day for 5 days	\$390 per day for 5 days	\$0
High Cost Diagnostic Copay	\$295 copay	\$350 per day	\$0
Diagnostic Xray	\$135 copay	\$20 per day	\$0
Diagnostic Lab	\$135 copay	\$0	\$0
Vision	Full Vision	Full Vision	Exam every Two Years
Dental	Full Dental	Full Dental	Not Covered
Hearing Aids	Covered!	Covered!	Not Covered
In Network Max Out of Pocket	\$6,700	\$5,900	\$7,000
Prescriptions			
Drug Deductible	None	\$250 for tiers 3, 4 and 5	\$480
Donut Hole?	May Apply	May Apply	May Apply
Drug Copays in Pre-Donut Hole Stage	\$0 / \$5 / \$47 / \$100 / 33%	\$0 / \$4 / \$47 / \$100 / 28%	\$1 / \$19 / \$46 / 49% / 25%