

## 2025 Medicare Comp. Chart

<i>Carrier</i>	<i>ASTIVA</i>	<i>ANTHEM</i>	<i>SCAN</i>	<i>AETNA</i>	<i>AETNA</i>
<i>Plan name</i>	Premier	Select	Classic OC	Prime II (OC) Preferred	Prime II Value Plus
	010		H5425-007	H4982-023	H4982-073 024
<i>Ded./주치의/전문의</i>	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0 보험료 \$0.80 M
<i>Max. out of pocket</i>	\$1,500	\$800	\$199	\$299	\$299
<i>In-hospital</i>	D6-D15 \$150 C/P	0	0	0	0
<i>Outpatient hospital</i>	\$50 C/P	0	0	0	0
<i>Skilled nursing Day 21 to 100</i>	\$214 C/P	\$75 C/P	0	\$50 C/P	\$50 C/P
<i>Lab/EKG/X-Ray Scan/CT/MRI</i>	\$0 -\$35	0	\$50 C/P 방사선치료	0	0
<i>Ambulance</i>	\$50	\$175	\$100	\$275	\$275
<i>Emergency/Urgent</i>	\$75 / \$0	\$90 / \$0	\$90 / \$0	\$140 / \$0	\$140 / \$0
<i>교통편 제공</i>	48	12	32	12	12
<i>침술/척추</i>	72 (Msg. Incl.)	24/12	\$5 C/P, (30)	Unlimited	Unlimited
<i>안경</i>	\$300	\$150	\$250 /Yr	\$325 DMR	\$350 DMR
<i>O.T.C/비처방약</i>	Flex.	\$55 Q.	\$125 /Qt (No rollover)	\$105 Q.	\$120 Q.
<i>Hearing aid/보청기</i>	\$500 / Ear	\$3,000	\$350 - \$650 /Ear	\$2,000	\$1,250 Per Year
<i>Dental</i>	\$400 Qr - \$1,600 Yr	\$1,500	Delta Dental (Co-Pay)	\$1,500 NW	\$2,000 (NW)
<i>처방약</i>	No Ded.	No Ded.	No Ded.	No Ded.	No Ded.
	0/0/\$35/\$95/33%/0	0/0/15%35%/33%	0/0/\$42/50%/33%	0/5/25%/35%/33%	0/0/24%/25%/25%
<i>Other Benefits</i>					
<i>Flex card</i>	\$720 Yr(OTC, Dental, Fitness, Golf, 안경)  Extra\$100(OTC, 인삼, 호랑이고약, 한방)  만성질환 - OTC or Fitness	1. \$500 안경, 치과, 보청기. 2. Grocery \$50  위의 둘중 한가지만 가능하고 #2는 만성질환 환자만 됨.	당뇨 \$35(m) / \$85(3M) Humalog, Soliqua, Humulin, Toujes, Lantus, Tresiba, Lyumjev.	\$200 (Q) DMR - 운동 치과 - No Implant  Medical Group St. Joseph/Providence Memorial care, St, Jude, Seoul, Daehan	\$300 (Q) - 운동 치과: No Implant

<i>Carrier</i>	<i>HUMANA</i>	<i>ALIGNMENT</i>	<i>CLEVERCARE</i>	<i>AARP</i>	<i>AARP</i>
<i>Plan name</i>	Gold Plus	Platinum Plus	Longevity	CA005	Optum Memorial
	H5619-021-000	H3815-008		HO543-169	CA021P HMO POS
<i>Ded./주치의/전문의</i>	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
<i>Max. out of pocket</i>	\$675	\$1,000	\$1,200	\$800	\$800
<i>In-hospital</i>	0	0	0	0	0
<i>Outpatient hospital</i>	0	\$50 C/P		0	0
<i>Skilled nursing Day 21 to 100</i>	\$50 C/P	0	\$75 C/P	\$100 C/P	\$203 C/P
<i>Lab/EKG/X-Ray Scan/CT/MRI</i>	0	0 to \$50	0	0	
<i>Ambulance</i>	\$200	\$50	\$100	\$150	
<i>Emergency/Urgent</i>	\$90 / \$0	\$50 / \$0	\$90 / \$0	\$125 / \$20	
<i>교통편 제공</i>	24	42	24	24	24
<i>침술/척추</i>	20/12	Flex	\$1,900	20/20	20/20
<i>안경</i>	\$250	\$300	\$200	\$300 / 2Yr	\$300 / 2Yr
<i>O.T.C/비처방약</i>	\$60 Q.	\$30 M.	Flex.	\$60 Q.	\$50 Q.
<i>Hearing aid/보청기</i>	\$399-\$699	\$195 - \$1,750 C/P	\$600 1Ear/Yr	\$99-\$829 C/P One Ea.	\$99-\$1249
<i>Dental</i>	\$3,000 (No Implant)	Flex Card	\$2,200	\$1,250 / 50%	\$1,250/50% Br. Den.
<i>처방약</i>	No Ded.	No Ded.	No Ded.	\$255D (T3-T5) Pref.	\$255D (T3-T5)
	0/0/\$42/40%/33%	0/0/30/75/33%/0	0/0/47/99/33%/0	0/0/35/100/33% Stand.	0/0/35/100/30%
<i>Extra Benefit</i>					
<i>Flex Card</i>	Dental Code: DENF32	\$500 X 2 Dental, Vision, 침술, 발  Grocery \$100 Qr.	\$225(Qr.) 한약, OTC, Fitness.  Grocery \$40 Mo		