

Savings

<i>Carrier</i>	<i>Astiva</i>	<i>Scan /LA OC</i>	<i>Clever Care</i>	<i>Central / BD</i>	<i>Alignment</i>
<i>Plan name</i>	Savings(001)	Venture H5425-084	Value (LA, OC)	Savings (029)	SmartSavings H3815-007
<i>Rebate (Part B)</i>	\$174.70	\$60	\$110	\$119	\$150
<i>Ded/주치의/전문의</i>	0/0/0	0/0/0	0/0/\$5	0/0/0	0/0/\$5
<i>Max. out of pocket</i>	\$2,700	\$1,000	\$2,900	\$2,000	\$2,899
<i>In-hospital</i>	1-5 \$0/6-15 \$200CP	0	D1-5 \$100 C/P	D1-5 \$200 C/P	D1-5 \$120 C/P
<i>Outpatient hospital</i>	\$200 C/P	\$25-\$225	\$75	\$100	0-\$200
<i>Skilled nursing Day 21 to 100 (요양원)</i>	D21-100 \$214 C/P	\$100 C/P	\$188 C/P	D21-100 \$204 C/P	D1-20 \$20 C/P D21-100 \$100 C/P
<i>Lab/EKG/X-Ray Scan/CT/MRI</i>	0-\$75	0-\$75	0 - \$75	0-\$25 \$100	\$40
<i>Ambulance</i>	\$150	\$155	\$200	\$150	\$100
<i>Emergency</i>	\$125	\$90	\$125	\$140	\$100
<i>Urgent Care</i>	0	0	0	0	0
<i>교통편 제공</i>	12	No	16	No	No
<i>침술/척추</i>	48(침술 + 마사지)	\$5 C/P Max. 24 X	\$1,000 Yr	12	No
<i>안경</i>	\$125	\$150 Yr	\$200	\$300	\$200 Lens & Frame
<i>O.T.C/비처방약</i>	Flex	\$65(Q)	Flex Card	\$25(M)	No
<i>Hearing aid/보청기</i>	No	\$550-\$850 /ear	\$600 Yr	\$575-\$2,000 C/P	No
<i>Dental</i>	\$250 X 4, \$300 이상 \$25-\$125 Ded.	Delta CAC72 C/P 있음	\$800 Max.	Delta Dental	Cleaning & X-Ray
<i>Gym</i>			Flex Card	\$60(M)	Included
<i>처방약 (Preferred)</i>		No Ded.			
<i>처방약 (Standard)</i>	0/12/45/98/33%/0	0/0\$42/50%/33%	0/5/47/99/33%/0	0/0/\$35/\$75/33%/0	0/0/\$30/\$100/33%/0
<i>Other Benefits</i>					
	만성질환 혜택없음. OTC 한방보충제, 운동, 골프, 안경, 치과에 사용. \$75(M)=\$900 1 Yr.			\$255 X 4 = \$1,020 Yr	Telehealth included 발치료 \$5 C/P

<i>Carrier</i>	<i>Humana/LA OC</i>	<i>AARP</i>	<i>Wellcare</i>	<i>AARP</i>	
<i>Plan name</i>	H5619-146	CA20(0543-237)	Giveback/ LA OC SB RV	CA20	
<i>Rebate (Part B)</i>	\$102	\$50	\$85.70	\$50	
<i>Ded/주치의/전문의</i>	0/	0/0/0	\$100/0/0	0/0/0	
<i>Max. out of pocket</i>	\$2,450	\$800	\$6,750	\$800	
<i>In-hospital</i>	D1-5 \$175	0	D1-7 \$340	0	
<i>Outpatient hospital</i>	수술 \$250 C/P	0	\$225 / Surgery \$350	0	
<i>Skilled nursing Day 21 to 100 (요양원)</i>	\$100 C/P	\$100 C/P		\$100 C/P	
<i>Lab/EKG/X-Ray Scan/CT/MRI</i>	0-\$75	0	0-\$50 \$25-\$225	0	
<i>Ambulance</i>	\$200	\$150	\$250		
<i>Emergency</i>	\$140	\$90	\$125		
<i>Urgent Care</i>	\$10	\$20	\$25		
<i>교통편 제공</i>	No	24	No	24	
<i>침술/척추</i>	\$25 C/P X 20 회	20/20		20/20	
<i>안경</i>	\$300 Yr	\$250 2Yr	\$100 Yr	\$250 2Yr	
<i>O.T.C/비처방약</i>	0	\$5(Q)	None	\$25 Q	
<i>Hearing aid/보청기</i>	\$99-\$399	\$99-\$1,249 C/P per Device	\$350	\$99-\$1,249 C/P	
<i>Dental</i>	DENE64-	Cleaning & X-Ray	Cleaning & X-Ray	기본 X-Ray Cleaning	
<i>Gym</i>	Silver Sneakers	Network	32 Credit / Mo.	Network	
<i>처방약 (Preferred)</i>	No Ded.	T3-T5 \$255 Ded.	T3-T5 \$420 Ded.	\$255 Ded	
<i>처방약 (Standard)</i>	0/5/34/50%/33%	0/1447/\$100/30%	0/0/25%/36%/28%/0	0/14/47/100/30%	
<i>Other Benefits</i>					
	* Dental DENE64-Medicare \$1,750 보조금 No Implant	Telehealth Included			Telehealth Included