<table>
<thead>
<tr>
<th>TYPE OF PLAN</th>
<th>MEDICARE SUPPLEMENT</th>
<th>MEDICARE HMO</th>
<th>MEDICARE ESA/PPO</th>
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<th>MEDICARE SUPPLEMENT</th>
<th>MEDICARE RELATED</th>
<th>MEDICARE ADVANTAGE PPO</th>
<th>MEDICARE HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GIH/HCN</strong> SeniorCare</td>
<td><strong>HIP-VIP Premier Medicare Plan</strong></td>
<td>Aetna Medicare PPO/ESA NY/NJ/PA</td>
<td>Aetna Medicare PPO/ESA all other areas</td>
<td><strong>GIH-HMO Medicare Senior Supplement</strong></td>
<td>Empire Blue Cross &amp; Blue Shield Medicare Related Coverage</td>
<td>Empire Medicare (PPO)</td>
<td>UnitedHealthCare Medicare Advantage HMO</td>
<td></td>
</tr>
</tbody>
</table>

**COVERAGE AREA**
- Nationwide
- 5 boroughs of NYC, Nassau, Suffolk, and Westchester counties
- NY: 5 boroughs of NYC, Cayuga, Dutchess, Nassau, Onondaga, Putnam, Rockland, Suffolk, Sullivan, Ulster & Westchester counties; NJ: Statewide (all covered) PA: Eastern PA counties
- New: FL LA VA DC Only city of New York Medicare beneficiaries residing in Connecticut, Delaware, Georgia, Massachusetts, Maryland, North Carolina and Texas are eligible to enroll in this plan.

**OFFICE VISIT CO-PAYMENT**
- $50 GIH calendar-year deductible. (After satisfying Medicare Part B deductible and Medicare paying 80%) Reimburse 20% of amount approved by Medicare
- $50 co-pay
- $30 Specialist
- $10 PCP
- $15 Specialist
- Covered 100%
- $15 co-pay
- Covered 100%
- Lab: Covered in full
- X-ray: $15 co-pay
- ($After Medicare pays 80%)
- Reimburses 20% of amount approved by Medicare
- $0 co-pay office visit
- $5 co-pay specialist visit
- $15 co-pay

**OUTPATIENT LAB & RAY CO-PAYMENT**
- $50 GIH calendar-year deductible. (After satisfying Medicare Part B deductible and Medicare paying 80%) Reimburse 20% of amount approved by Medicare
- Covered in full
- No co-pay
- $15 co-pay
- Covered 100%
- Lab: Covered in full
- X-ray: $15 co-pay
- ($After Medicare pays 80%)
- Reimburses 20% of amount approved by Medicare
- Lab tests covered in full
- X-ray: $5 co-pay, deductible applies
- Covered in full

**PARTICIPATING OR OUT-OF-NETWORK PROVIDER**
- Choice of any provider
- Covered services from any provider within the plan's network, whether in private practice or in physician group practices.
- Coverage for both in-and-out of network providers
- Coverage for both in-and-out of network providers
- In-network providers only
- Choice of any provider
- Participating providers only
- Participating providers only

**HOSPITALIZATION DEDUCTIBLE OR CO-PAY (INPATIENT)**
- $300 deductible per admission. $250 annual maximum per person. Optional Rider increases coverage to 365 days.
- $30 ER co-pay (waived if admitted)
- You pay $250 per day for days 1 through 7. No co-pay for days 8 and beyond.
- Covered in full
- $15 co-pay
- Covered in full
- Reimburses Part A hospital deductible, 365 days
- $300 co-pay, per admission
- No hospitalization deductible or co-pay

**PRIVATE DUTY NURSING**
- $25 deductible. $250 maximum combined with ambulance and medical equipment
- Covered in full. No co-pay (inpatient)
- Not covered unless medically necessary and in a skilled nursing facility
- Not covered unless medically necessary and in a skilled nursing facility
- Not covered
- 80% after first 72 hours when authorized by a physician.
- $250 deductible
- Not covered
- Not covered

**INPATIENT MENTAL HEALTH**
- Covered in full.
- 190 days lifetime maximum
- You pay $250 per day for days 1 through 7. You pay $50 per day for days 8 through 90.
- Covered in full combined with inpatient substance abuse.
- Covered in full combined with inpatient substance abuse.
- Covered in full. No maximum.
- $300 co-pay per admission, deductible applies
- 190 days lifetime maximum.
- Contact plan for specifics.

**OUTPATIENT MENTAL HEALTH**
- After satisfying Medicare Part B deductible and Medicare paying 50%
- Reimburses 20% of amount approved by Medicare
- $55 co-pay
- $15 co-pay
- Covered 100%
- $15 co-pay
- $15 co-pay
- Reimburses 20% of amount approved by Medicare ($After Medicare pays 80%)
- $5 co-pay
- $15 co-pay

**OUT-OF-AREA COVERAGE**
- Anywhere in USA
- Emergency care only
- Yes
- Yes
- Emergency care only
- Anywhere in USA
- Urgent and emergency care only
- Emergency and urgent care worldwide
- ER - $30 co-pay/urgent care
- $15 co-pay

**RETAIL PRESCRIPTION DRUG COVERAGE 30-DAY SUPPLY**
- Up to $3,820 member pays 25% of drug cost, after $3,820 member pays 25% of Brand cost.
- $25% of Generic cost.
- After $5,100 in member out-of-pocket costs, unlimited drugs with co-payment of 5%.
- Must purchase Optional Rider.
- Prescription drug rider automatically included.
- $10 PreferredGeneric
- $15 Preferred Formulary Brand
- $100 co-pay Non-Preferred Brand
- $125 Specialty Drugs
- Prescription drug rider automatically included.
- $25/50/50 up to $4,020, $25 co-pay for generic drugs, $25% co-pay for brand drugs up to $6,350, then 5% cap
- Prescription drug rider automatically included.
- $25/50/50 up to $4,020, $25 co-pay for generic drugs, $25% co-pay for brand drugs up to $6,350, then 5% cap
- Deductible $415.
- Member pays 25% of drug cost.
- After $3,820, member pays 37% of Generic, 25% of Brand.
- After $5,100 in out-of-pocket costs, member pays 5% of drug cost. Must purchase Optional Rider.
- Must purchase Optional Rider. Prescription drug costs up to $4,020, $10 Generic, $25 Brand, $50 Non-Formulary, $35 Biologics. Coverage gap member pays 50%. 5% of cost after $6,350 out-of-pocket cost. Must purchase Optional Rider. Prescription drug costs up to $4,020, $10 Generic, $30 Preferred brand, $50 Non-Preferred brand, 5% of cost after $6,350 out-of-pocket cost. Must purchase Optional Rider. Prescription drug costs up to $4,020, $10 Generic, $30 Preferred brand, $50 Non-Preferred brand.
- Prescription drug rider automatically included.
- $4 Generic, $20 Preferred, $40 Non-Preferred, $40 Specialty drugs

*ADDITIONAL OUT-OF-AREA PLANS ARE: Ambled Medicare Plan (Florida only) 800-782-8633, Blue Cross Blue Shield of Florida Health Options (Florida only) 800-999-6758, Cigna Healthcare for Seniors (Arizona) 800-427-7534, Humana Gold Plan (Florida only) 844-205-0000.

** Please note, at the time of printing, the January 1, 2021 rates have not yet been finalized. The rates will be published on our website once finalized.