



**COLONIE CHAMBER OF COMMERCE  
2024 Medicare Advantage Plan Options**

						<b>MVP</b>
		<b>HBS Freedom Plus</b>	<b>HBS FB 770 PPO</b>	<b>HBS FB Value Plan</b>	<b>HBS FB Essential Plan</b>	<b>PREFERRED GOLD</b>
<b>Network Type</b>		<b>HMO - Local coverage only</b>	<b>PPO: In &amp; Out of Network</b>	<b>PPO: In &amp; Out of Network</b>	<b>PPO: In &amp; Out of Network</b>	<b>HMO-POS*</b>
<b>Abbreviations used below:</b>		Appd=approved / AC=Ambulatory Center / CIF=covered in full / Covd=covered / d=day / ER+ emergency/ Eqpt = Equipment/ H=hospital / INN=In Network / OON=Out of network NA=Not applicable / NC = Not covered / OV= Office Visit / Prov=provider / Rx= Prescription Medication / Tpy=Therapy / par=Participating				
General Plan Information	Annual Deductible	ONLY Rx Tiers 3-5: Ded \$275	\$0	\$0	\$0	\$0
	Out of Pocket Max	\$6,700 (NOT incl Rx costs)	INN: \$6,700 I TTL: \$10,000 (No Rx)	INN: \$4K /OON:\$6,100 Combined (No Rx)	\$5,000 (No Rx costs)	\$4000 INN Only (3)
	Co-insurance split	N/A	20%-50% dep on svc- details avail.	30% on some services	20% or 30%; Depends on svc	20-50% Not all svcs covd OON
Physician & Other Health Professional Services	Primary Care Visit	INN: \$10	INN: \$5 / OON: 25%	INN: \$25 / OON: 30%	INN: \$35 / OON: \$35	\$15 co-pay
	Specialist Ofc Visit	INN: \$35	INN: \$22 / OON: 25%	Inn: \$40 / OON: 30%	INN: \$45 / OON: \$45	\$30 co-pay
	Radiation therapy	INN: 20%	INN: 20% / OON: 25%	Inn: \$40 / OON: \$45	INN: \$45 / OON: \$45	20% co-insurance
	ER (waived if admitted)	INN: \$100	INN: \$100 / OON: \$100	INN: \$85 / OON: \$85	INN: \$85 / OON: \$85	\$95 co-pay
	Urgent Care	INN: \$55	INN: \$55 / OON: \$55	INN: \$60 / OON: \$60	INN: \$65 / OON: \$65	\$30 co-pay
	Ambulance	INN: \$300	INN: \$200 / OON: \$200	INN: \$175 / OON: \$175	INN: \$200 / OON: \$200	\$100 co-pay per use
	Lab Tests	INN: \$10	INN: \$5 / OON: \$5	INN: \$10 / OON: 30%	INN: \$10 / OON: \$45	\$10 co-pay
	Telemedicine (Amwell)	INN: \$10/\$35 co-pay applies	INN: \$15 / OON: N/C	INN: \$30 / OON: \$30	INN: \$30 / OON: \$30	24/7 Nurse Line
	X-Rays - Scans	INN: \$50 / \$200	INN: \$40 x/\$150 scn / OON: 25% ea	INN: \$50x/\$200scn / OON: 30% each	INN & OON: \$55 xray / \$150 scn	\$30 xray / \$100 scans
Rehab Services	Acupuncture/Massage Tpy.	\$500 combined annual allowance	\$500 combined annual allowance	\$500 combined annual allowance	\$500 combined annual allowance	50% 10 OV
	Cardiac Rehab	INN: \$35	INN:\$15/OON:25%	INN: \$10 / OON: 30%	INN: \$30 / OON: \$45	\$60 co-pay
	Chiropractic	INN: \$15-incls 12 routine OV	INN:\$20/OON:25% both incl 12 OV	INN: \$20/OON: 30% both incl 12 OVs	INN: \$20/OON: \$45 both incl 12 OVs	\$20 co-pay
	PT / OT / ST	INN: \$25	INN:\$15/OON:25%	INN: \$10 / OON: 30%	INN: \$40 / OON: \$45	\$30 caps apply
Dental	Dental Allowance	50% Covd svcs / \$2,000 Max/yr	50% Covd svcs / \$2,000 Max/year	INN & OON: \$200 Annually	INN & OON: \$200 Annually	N/A
Hearing	Routine / Dx Exam	INN xm \$35/hdw \$699/\$999	INN/OON:xm \$22/25% I hdw \$699/\$999	INN/OON: xm \$45 I hdw \$699/\$999	INN/OON: xm \$45 I hdw \$699/\$999	Xm \$30 I hdw \$699/\$999/ear
Hospital & Skilled Services	Hospital Inpatient	INN:\$325 day 1-4, \$1,300 Max/yr	INN: \$205/day 1-7 I OON:30%	INN: \$350/stay / OON: 30%	INN: \$500 / OON:20%	\$250 co-pay/Stay
	OutPatient Surgery	INN: Hosp \$330 ~ Amb Cntr \$230	INN: H \$275-AC \$175/ OON: both 25%	INN: H \$150-AC \$125/OON:\$300-\$275	INN:H \$200-AC\$175/OON: \$250-\$225	\$60 co-pay
	Home Health Care	INN: Covd in full	INN: Covd in full / OON: \$10/d	INN: Covered in full / OON: 30%	INN: \$0 / OON:\$10	\$0
	Skilled Nursing Facility ALL Plans: 100 days/yr	INN: \$0/d 1-20 I \$203/d 21-100 INN:Some svcs req pre-auth	INN:\$0/d 1-20; \$203/d 21-100 OON: 30% / No Max/Yr	INN:\$10/d 1-20, \$100/d 21-26; \$0/d 27-100 OON: 30% / day	INN: \$500 / OON:20% 100 days/yr limit	\$0/d days 1-20; \$196/d days 21-100
	Dialysis	INN Only: 20%	INN:20% I OON: 20-50% per Dr locale*	INN:\$0 I OON: \$0-20% per Dr. locale (1)	INN:\$0 I OON: \$0-20% per Dr locale (1)	20% OP co-insurance
Vision	Routine Exam/Med Nec Hardware Discount?	INN: OV \$25 \$200 Annual hardware allowance	INN/OON: \$25/20% / \$200 Ann. Hdwr \$200 Annual hardware allowance	INN: \$25/\$40 I OON: 20% / 30% \$200 Annual hardware allowance	INN: \$25/\$45 I OON: 20%/ \$45 \$200 Annual hardware allowance	30 co-pay \$100 Hdwr allow / 2 years
Part B Rx Info	Part B Rx (2) INN Part B Rx (2) OON	INN: 20% Pre-auths may be required	INN: 20% I OON: 25% Pre-auths may be required	Some Part B meds CIF @ Drs. Ofc both In & Out of Network	Some Part B meds CIF @ Drs. Ofc both In & Out of Network	20%/ Insulin \$35 max 20% co-insurance
Part D Meds Rx Info	Preferred *** pharm Standard*** pharm Rx Deductible / Gap	\$2 / \$8 / \$42 / \$94 / 28% ^ \$7 / \$13 / \$47 / \$100 / 28% ^ Ded: Tier 3-5 \$275/Gap Discounts	\$2 / \$10 / \$42 / \$94 / 33% ^ \$7 / \$15 / \$47 / \$100 / 33% ^ No Ded /Gap Discounts	\$5 / \$15 / \$40 / \$90 / 33% \$10 / \$20 / \$45 / \$95 / 33% No Deductible / No Gap	\$5 / \$15 / \$30 / \$50 / \$50 \$10 / \$20 / \$35 / \$55 / \$55 No Deductible / No Gap	\$0 /\$5 /\$15 /\$30 /\$30 N/A Copays thru Gap (4)
Equipment	DME Prosthetics (D=diabetic) Diabetic Supplies	All BS plans INN: \$0 Comp hose / 20% all other items All BS plans INN: \$0 D shoes/inserts / 20% other items All BS plans INN: D spls \$0 co-pay/co-ins	II OON: Forever Blue 770 PPO: 50%; Forever Blue PPO Value & PPO 799 Essential Plans: 30% co-ins each II OON: Forever Blue 770 PPO: 50%; Forever Blue PPO Value & PPO 799 Essential Plans: 30% co-ins each II OON: Forever Blue 770 PPO: 50% ; Forever Blue PPO Value & PPO 799 Essential Plans: 30% co-ins each	II MVP = 20%	50% co-insurance MVP: \$0-10%	
Premiums	<b>Monthly Premiums</b>	<b>\$61.00</b>	<b>\$214.00</b>	<b>\$447.00</b>	<b>\$474.00</b>	<b>\$385.67</b>
Important Notes	<p>(1) BS OON Dialysis: Inside service area:No Coverage for non-par providers. / OUTSIDE service area: 20% co-ins for non-par providers.</p> <p>(2) Medicare requires some Rx medications &amp; additional needs cov'd under Part B Medical. This includes immunosuppressives, oral chemos, nebulizers, &amp; Dr. administered injectables.</p> <p>Eff 1.1.24 Rx Freedom+ &amp; 770 PPO: Tier 1: \$0 co-pay for 100 day sply; Tier 2: 2.5 co-pays for 100 day sply; Tiers 3&amp;4: 2.5 copays for 9- day supply. There is NO Mail Order for Tier 5 Meds</p> <p>Eff 1.1.24 Rx 799+ Value &amp; Essential plans: Tier 1 &amp;2: 2 co-pays for 100 day sply; Tier 3-4 2 copays for 9- day supply, Tier 5: there is NO Mail Order for Tier 5 Meds for any of the BS plans.</p> <p>(3) Max Ann OOP \$4,000 excludes Part D costs, acupuncture, eyewear, hearing aids &amp; dental. \$0 for Tier 1 (4) If costs reach \$5,030 copays or less apply. At \$8,000 OOP, your Rx cost is reduced to \$0</p> <p>* HMO-POS means you can see any providers who accept Medicare but you cannot live outside the network area for more than six (6) months of the year. This is an overview of some benefits, it is NOT a contract.</p>					