



Medical Rates Effective January 1, 2023 through December 31, 2023

<u>Deductible</u>	<u>Age</u>	<u>No Co-Pay</u>	<u>\$10 Office Visit Co-pay & \$50 ER Co-Pay</u>
Plan F \$0.00 Deductible	65-69	\$206.00	\$198.00
	70-74	\$263.00	\$252.00
	75-79	\$299.00	\$287.00
	80-84	\$346.00	\$331.00
	85+	\$375.00	\$361.00

<u>Deductible</u>	<u>Age</u>	<u>No Co-Pay</u>	<u>\$10 Office Visit Co-pay & \$50 ER Co-Pay</u>
*\$1,000 Plan Deductible	65-69	\$117.00	\$112.00
	70-74	\$163.00	\$155.00
	75-79	\$195.00	\$185.00
	80-84	\$235.00	\$227.00
	85+	\$256.00	\$247.00

<u>Deductible</u>	<u>Age</u>	<u>No Co-Pay</u>	<u>\$10 Office Visit Co-pay & \$50 ER Co-Pay</u>
*\$100 Plan Deductible	65-69	\$199.00	\$185.00
	70-74	\$254.00	\$241.00
	75-79	\$289.00	\$276.00
	80-84	\$335.00	\$320.00
	85+	\$365.00	\$348.00

<u>Deductible</u>	<u>Age</u>	<u>No Co-Pay</u>	<u>\$10 Office Visit Co-pay & \$50 ER Co-Pay</u>
*\$1,500 Plan Deductible	65-69	\$98.00	\$95.00
	70-74	\$137.00	\$132.00
	75-79	\$167.00	\$163.00
	80-84	\$204.00	\$199.00
	85+	\$221.00	\$215.00

<u>Deductible</u>	<u>Age</u>	<u>No Co-Pay</u>	<u>\$10 Office Visit Co-pay & \$50 ER Co-Pay</u>
*\$500 Plan Deductible	65-69	\$160.00	\$152.00
	70-74	\$211.00	\$202.00
	75-79	\$247.00	\$236.00
	80-84	\$290.00	\$278.00
	85+	\$315.00	\$304.00

For More Information Contact us at:

Phone: (888) 344-2522

Email: info@hismi.com

Website: www.hismi.com/premier-senior-health-plan



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***PSHP Plan Deductible only applies to approved Medicare Part B out-of-pocket expenses. PSHP pays 100% of Part A Deductible and Co-payments (please see benefit grid)**

Important note: Not available in AK, CO, NH & ME. Restrictions apply in WA, MD, MN, NY & FL



Underwritten by **United American Insurance Company**

Benefit Period: 1/1/2023 through 12/31/2023

MEDICARE PART A - 2023

Services	Medicare Pays	Plan Pays	You Pay
<p>HOSPITALIZATION**</p> <p>Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <p>First 60 Days</p> <p>61st thru 90th day</p> <p>91st day and after:</p> <p> While using 60 lifetime reserve days</p> <p> Once Lifetime reserve days are used:</p> <p> Additional 365 days</p> <p> Beyond the Additional 365 days</p>	<p>All but \$1,600</p> <p>All but \$400 a day</p> <p>All but \$800 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,600 - Part A Deductible</p> <p>\$400 a day</p> <p>\$800 a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p>	<p>No Plan deductible applies</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>All Costs</p>
<p>SKILLED NURSING FACILITY CARE**</p> <p>You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <p>First 20 days</p> <p>21st thru 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$200 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$200 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All Costs</p>
<p>BLOOD</p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>HOSPICE CARE</p> <p>Available as long as your doctor certifies you are terminally ill and you elect to receive these services.</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>\$0</p>

**A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.



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Benefit Period: 1/1/2023 through 12/31/2023

Your Plan Annual Deductible	\$0	\$100	\$500	\$1000	\$1500
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MEDICARE PART B - 2023

Plan Deductible (Part B Out of Pocket Expenses)			
Services	Medicare Pays	Plan Pays	You Pay
Medicare Part B Deductible 2023			
First \$226 of Medicare Approved Amounts	\$0	Part B Deductible	Chosen Annual Plan Deductible applies
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	
BLOOD			
While using 60 lifetime reserve days			
First 3 pints	\$0	All Costs	\$0
Remainder of Medicare Approved Amounts	80%	20%	Chosen Annual Plan Deductible
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

HOME HEALTH CARE			
Medically necessary skilled care services (must be homebound) and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$226 of Medicare Approved Amounts	\$0	Part B Deductible	Chosen Annual Plan Deductible
Remainder of Medicare Approved Amounts	80%	20%	

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL			
Medically necessary emergency care services during the first 60 days of each trip outside of the USA:			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges - Up to \$50,000 Lifetime Maximum benefit	\$0	80%	20%



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MEDICARE PART B - 2023

Plan Deductible (Part B Out of Pocket Expenses)			
Services	Medicare Pays	Plan Pays	You Pay
Medicare Part B Deductible 2023			
First \$226 of Medicare Approved Amounts	\$0	Part B Deductible	Chosen Annual Plan Deductible applies, then: \$10 office visit copay \$50 emergency room (ER) visit copay (ER copay is waived if admitted)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	
BLOOD			
While using 60 lifetime reserve days			
First 3 pints	\$0	All Costs	\$0
Remainder of Medicare Approved Amounts	80%	20%	Chosen Annual Plan Deductible
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

HOME HEALTH CARE			
Medically necessary skilled care services (must be homebound) and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$226 of Medicare Approved Amounts	\$0	Part B Deductible	Chosen Annual Plan Deductible
Remainder of Medicare Approved Amounts	80%	20%	

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL			
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First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges - Up to \$50,000 Lifetime Maximum benefit	\$0	80%	20%



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Part D with Coverage in the Gap

Benefit Period: 1/1/2023 through 12/31/2023

Deductible State	You pay a \$0 yearly deductible.			
Initial Coverage Stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,660:			
	Tier	Plan 1	Plan 2	Plan 3
Retail One-Month (31-day) Supply	Preferred Generic/Generic	\$0/\$15	\$5.00	\$0.00
	Preferred Brand	\$60.00	\$40.00	\$30.00
	Non-Preferred Brand	\$100.00	\$75.00	\$60.00
	Specialty	33% coinsurance	33% coinsurance	33% coinsurance
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts PharmacySM. There is no charge for standard shipping.			
Coverage Gap stage	After your total yearly drug costs reach \$4,430, you will continue to pay the same cost sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage, and Specialty drugs will cost 25%.			
Non Part D Drugs	Covered; Excluding Lifestyle Drugs			
Catastrophic Coverage stage	After your yearly out-of-pocket drug costs reach \$7,400, you will pay the greater of 5% coinsurance or: <ul style="list-style-type: none"> • a \$4.15 copayment for covered generic drugs (including brand drugs treated as generics) with a maximum of the above copays • a \$10.35 copayment for all other covered drugs 			



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Part D with Generic Only Coverage in the Gap

Benefit Period: 1/1/2023 through 12/31/2023

Deductible State	You pay a \$0 yearly deductible.			
Initial Coverage Stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,660:			
	Tier	Plan 1	Plan 2	Plan 3
Retail One-Month (31-day) Supply - Preferred Pharmacy	Preferred Generic/Generic	\$0/\$15	\$5.00	\$0.00
	Preferred Brand	\$60.00	\$40.00	\$30.00
	Non-Preferred Brand	\$100.00	\$75.00	\$60.00
	Specialty	33% coinsurance	33% coinsurance	33% coinsurance
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts PharmacySM. There is no charge for standard shipping.			
Coverage Gap stage	After your total yearly drug costs reach \$4,660, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage. <ul style="list-style-type: none"> • Brand-name drugs: You pay 25% of the total cost (plus a portion of the dispensing fee). • Generic drugs: You will continue to pay the same cost-sharing amount as in the Initial Coverage stage. 			
Non Part D Drugs	Covered; Excluding Lifestyle Drugs			
Catastrophic Coverage stage	After your yearly out-of-pocket drug costs reach \$7,400, you will pay the greater of 5% coinsurance or: <ul style="list-style-type: none"> • a \$4.15 copayment for covered generic drugs (including brand drugs treated as generics) with a maximum of the above copays • a \$10.35 copayment for all other covered drugs 			