



Medical Rates Effective January 1, 2024 through December 31, 2024

<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	\$214.00	\$205.00
	70-74	\$273.00	\$262.00
	75-79	\$311.00	\$298.00
	80-84	\$359.00	\$344.00
	85+	\$390.00	\$375.00

<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	\$121.00	\$116.00
	70-74	\$169.00	\$161.00
	75-79	\$202.00	\$192.00
	80-84	\$244.00	\$236.00
	85+	\$266.00	\$256.00

<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	\$207.00	\$192.00
	70-74	\$264.00	\$250.00
	75-79	\$300.00	\$287.00
	80-84	\$348.00	\$332.00
	85+	\$379.00	\$361.00

<u>Deductible</u>	<u>Age</u>	<u>No Co-Pay</u>	<u>\$10 Office Visit Co-pay & \$50 ER Co-Pay</u>
*\$1,500 Plan Deductible	65-69	\$101.00	\$98.00
	70-74	\$142.00	\$137.00
	75-79	\$173.00	\$169.00
	80-84	\$212.00	\$207.00
	85+	\$229.00	\$223.00

<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	\$166.00	\$158.00
	70-74	\$219.00	\$210.00
	75-79	\$256.00	\$245.00
	80-84	\$301.00	\$289.00
	85+	\$327.00	\$316.00

For More Information Contact us at:

Phone: (888) 344-2522

Email: info@hismi.com

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



Health Insurance Services, Inc.
reliable resources
you can count on

*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: Note available in AK, CO, NH & ME. Restrictions apply in WA, MD, MN, NY & FL



Underwritten by **United American Insurance Company**

Benefit Period: 1/1/2024 through 12/31/2024

MEDICARE PART A - 2024

Services	Medicare Pays	Plan Pays	You Pay
<p>HOSPITALIZATION** 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 \$1,632</p> <p>All but \$408 a day</p> <p>All but \$816 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,632 - Part A Deductible</p> <p>\$408 a day</p> <p>\$816 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** 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 \$204 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$204 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.



Underwritten by **United American Insurance Company**

Your Plan's Annual Chosen Deductible:
\$0* / \$100 / \$500 / \$1000 / \$1500

Benefit Period: 1/1/2024 through 12/31/2024

MEDICARE PART B - 2024

Services	Medicare Pays	Plan Pays	You Pay
Medicare Part B Deductible 2024 First \$240 of Medicare Approved Amounts	\$0	Part B Deductible	Chosen Annual Plan Deductible applies, then: \$0
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 (<i>must be homebound</i>) and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$240 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%

, * The \$0 deductible option mirrors a Medigap "Plan F," and is available for seniors who turn(ed) age 65 after 1/1/2020



Health Insurance Services, Inc.
reliable resources
you can count on

Underwritten by **United American Insurance Company**

Benefit Period: 1/1/2024 through 12/31/2024

Your Plan's Annual Chosen Deductible:

\$0 / \$100 / \$500 / \$1000 / \$1500

MEDICARE PART B - 2024

Services	Medicare Pays	Plan Pays	You Pay
Medicare Part B Deductible 2024			Chosen Annual Plan Deductible applies, then:
First \$240 of Medicare Approved Amounts	\$0	Part B Deductible	
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$10 office visit copay / \$50 emergency room copay (ER copay is waived if member is admitted)
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 (<i>must be homebound</i>) and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$240 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%