

2021 Banner Medicare Advantage Plus PPO

Benefits at a glance

Below are benefit highlights of the Plus PPO plan.

Premiums and Benefits		
Description	Maricopa Pinal	Pima
Monthly Premium	\$40	\$40
Annual Maximum Out-of-Pocket	In-Network \$6,500 Out-of-Network \$11,300	In-Network \$6,500 Out-of-Network \$11,300
Doctor Office/PCP Visit	In-Network \$0 Out-of-Network \$35	In-Network \$0 Out-of-Network \$35
Specialist Visit	In-Network \$35 Out-of-Network \$70	In-Network \$35 Out-of-Network \$70
Most Out-of-Network Services	40%	40%
Inpatient Hospitalization	In-Network \$275/Day; Days 1-5 Out-of-Network 40%	In-Network \$275/Day; Days 1-5 Out-of-Network 40%
Outpatient Procedures	In-Network \$275 Out-of-Network \$40%	In-Network \$275 Out-of-Network \$40%
Urgently Needed Services	In/Out-of-Network \$30	In/Out-of-Network \$30
Emergency Care	In/Out-of-Network \$90	In/Out-of-Network \$90
Ambulance (Copay, one-way)	In/Out-of-Network \$250	In/Out-of-Network \$250
Diagnostic Tests, Procedures & Lab Services	In-Network \$10 Out-of-Network 40%	In-Network \$10 Out-of-Network 40%
Telehealth Medicine	In-Network \$0-\$40 Out-of-Network \$35-\$70	In-Network \$0-\$40 Out-of-Network \$35-\$70
Skilled Nursing Facility (Copay, up to 100 days)	In-Network \$0/Day Days 1-20 \$178/Day Days 21-100 Out-of-Network \$195/Day Days 1-100	In-Network \$0/Day Days 1-20 \$178/Day Days 21-100 Out-of-Network \$195/Day Days 1-100

Additional Benefits		
Description	Maricopa Pinal	Pima
OTC	\$50/3 Months	\$50/3 Months
Comprehensive Dental	Additional \$20.20 per Month	Additional \$20.20 per Month
Preventative Dental	In-Network \$0/1 year Copay Out-of-Network 50%/1 year Co-insurance	In-Network \$0/1 year Copay Out-of-Network 50%/1 year Co-insurance
Eye Exam	In-Network \$0/1 year Copay Out-of-Network 50%/1 year Co-insurance	In-Network \$0/1 year Copay Out-of-Network 50%/1 year Co-insurance
Contact Lenses, Eyeglasses & Fittings	In-Network \$0/1 year Copay Out-of-Network 50%/1 year Co-insurance (limited to \$200 coverage for 2 years)	In-Network \$0/1 year Copay Out-of-Network 50%/1 year Co-insurance(limited to \$200 coverage for 2 years)
Routine Hearing Tests	In-Network \$0/1 year Copay Out-of-Network 40%/1 year Co-insurance	In-Network \$0/1 year Copay Out-of-Network 40%/1 year Co-insurance
Hearing Aids	\$1,000 allowance every 2 years	\$1,000 allowance every 2 years
Fitness	Covered	Covered
Routine Chiropractor (Up to 6 visits/year)	In-Network \$30 Copay Out-of-Network 40% Co-insurance	In-Network \$30 Copay Out-of-Network 40% Co-insurance
Durable Medical Equipment	In-Network 20% Out-of-Network 50%	In-Network 20% Out-of-Network 50%
Medicare-Covered Podiatry	In-Network \$40 Copay Out-of-Network 40% Co-insurance	In-Network \$40 Copay Out-of-Network 40% Co-insurance
Meals (post-hospital discharge)	Covers 12 meals for 30 days after discharge (In-Network provider must be used)	Covers 12 meals for 30 days after discharge (In-Network provider must be used)

Part D Prescription Drug Coverage		
Description	Maricopa Pinal	Pima
Part D Deductible (does not apply to tiers 1;2;6)	\$150	\$200
Part D Retail 1/Month Tiers 1/2/3/4/5/6	\$2/\$12/\$47/\$100/30%/\$0	\$2/\$12/\$47/\$100/29%/\$0
Part D Mail 3/Months Tiers 1/2/3/4/5/6	\$4/\$24/\$141/\$300/NC/\$0 Tier 5 (specialty drugs) is not available at 3/mo. supply	\$4/\$24/\$141/\$300/NC/\$0 Tier 5 (specialty drugs) not available at 3/mo. supply

Banner Medicare Advantage Plus is a PPO with a Medicare contract. Enrollment in Banner Medicare Advantage Plus PPO depends on contract renewal.