

FUSD RETIREE/FUTURE RETIREE HEALTH PLAN COMPARISON

Benefits only - simple black and white table

**Prior Approval May Be Required*

Benefit listed	Commercial PPO Plan A - benefit	Aetna Medicare Advantage PPO Plan - benefit
Office Visit - PCP/Specialist	PCP/Specialist office visit	PCP/Specialist office visit
Preventive Health Care	Covered Preventive Health Care	Covered Preventive Health Care
Outpatient Surgery	Outpatient Surgery	* Outpatient Surgery
Emergency Room	Emergency Room Copay waived if admitted	Emergency Room
Ambulance	Air Ambulance Ground Ambulance	** Ambulance
Urgent Care	Urgent Care	Urgent Care
Speech, physical & occupational therapy	Speech, physical & occupational therapy	* Speech, physical & occupational therapy
MRI/CT scans	Diagnostic Radiology MRI/CT scans	* Diagnostic Radiology MRI/CT scans
Diagnostic testing	Diagnostic testing (X-ray, blood work)	* Diagnostic testing (X-ray, blood work)
Inpatient Hospital Care	Inpatient Hospital Care	* Inpatient Hospital Care
Skilled Nursing Facility	Skilled Nursing Facility Maximum of 120 days per year	* Skilled Nursing Facility days 1-100 Limited to 100 days per Medicare Benefit Period
Home Health Care	Home Health Care	* Home Health Care
Hospice Care	Hospice Care	Covered by Original Medicare at a Medicare certified hospice
Inpatient Mental Health Services	Inpatient Mental Health Services Covered 100% as certified medically necessary	* Inpatient Mental Health Services

	Inpatient, partial & day treatment Unlimited visits/calendar year/member	
Outpatient Mental Health Services	Outpatient Mental Health Services Unlimited visits/calendar year/member	* Outpatient Mental Health Services
Inpatient Substance Abuse Services	Inpatient Substance Abuse Services All levels of substance abuse covered 100%	* Inpatient Substance Abuse Services
Outpatient Substance Abuse Services	Outpatient Substance Abuse Services	* Outpatient Substance Abuse Services
Chiropractic Services	Chiropractic Services Referral must be given by a Physician & pre-certified by SimpleMSK	* Chiropractic Services Medicare covered benefits only(3)
Chiropractic Diagnostic X-ray Benefit	Chiropractic Diagnostic X-ray Benefit Limited to \$100 per Benefit Calendar Year	Chiropractic Diagnostic X-ray Benefit
Chiropractic Visits	Up to 28 visits per calendar year For treatment exceeding 12 visits per calendar year, chiropractor must submit a twelve visit review and SimpleMSK must pre-certify additional visits for the remainder of the calendar year	Up to 28 visits per year
Acupuncture Services	Acupuncture Services	Acupuncture Services In lieu of anesthesia and for treatment of chronic back pain
Acupuncture Visits	Up to 20 visits per calendar year	Up to 20 visits(4)
Routine Hearing Exam	Not Covered	Routine Hearing Screening One exam covered every 12 months
Hearing Aids	Not Covered	Hearing Aid Reimbursement Once every 36 months
Medicare Covered Dental	Not Covered	* Medicare Covered Dental Non-routine care covered by Medicare
Routine Eye Exams	Not Covered	Routine Eye Exams One annual exam every 12 months
Eyewear	Medicare – yearly doctor eye health exam	Vision Eyewear Reimbursement

		Once every 12 months
Medicare Covered Glasses/Contact following Cataract Surgery	Not Covered	Medicare Covered Glasses/Contact following Cataract Surgery
Diabetic Eye Exams	Diabetic Eye Exams	Diabetic Eye Exams
Telemedicine Services	Teladoc Provider	Teladoc Provider/Telehealth State mandates may apply
Routine Transportation	Routine Transportation Only covered if authorized by Aetna as medically necessary	Non-Emergency Transportation 24 one-way trips with 60 miles allowed per trip
Cardiac Rehabilitation Services	Cardiac Rehabilitation Services	Cardiac Rehabilitation Services
Pulmonary Rehabilitation	Pulmonary Rehabilitation Services	Pulmonary Rehabilitation Services
Durable Medical Equipment	Durable Medical Equipment	* Durable Medical Equipment
Prosthetic Devices	Prosthetic Devices	* Prosthetic Devices
Podiatry Services	Podiatry Services Routine foot care is not covered	Medicare-covered benefits only
Diabetic Supplies	Payable under services rendered for diagnosed diabetes	* Diabetic Supplies Includes supplies to monitor your blood glucose from LifeScan
Outpatient Dialysis Treatments	Outpatient Dialysis Treatments	* Outpatient Dialysis Treatments
Radiation Therapy	Radiation Therapy	* Radiation Therapy
Allergy Shots	Allergy Shots	Allergy Shots
Allergy Testing	Allergy Testing	Allergy Testing

*** Benefit that may require prior authorization**

** Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.