The following benefit information only applies to Bradley University Retirees* who are Medicare-Eligible:

Plan Name	2015-16 Bradley University PPO Plan IN-NETWORK	2015-16 Bradley University PPO Plan *Out-of-Network*	2015-16 Humana Medicare Advantage Plan 065
Network Provider Information	In-network providers are covered *AND* out-of-network providers who accept Medicare are covered	In-network providers are covered *AND* out-of-network providers who accept Medicare are covered	In-network providers are covered *AND* out-of-network providers who accept Medicare are covered
Overall Lifetime Benefit Maximum	unlimited	unlimited	unlimited
Overall Plan Year Benefit Maximum Per Person (Oct. 2015 through Sept. 2016)	unlimited	unlimited	unlimited
Per Person Calendar Year Deductible	$0	$1,000	$0
Per Person Plus One Calendar Year Deductible	$0	$2,000	n/a
Per Family Unit Calendar Year Deductible	$0	$3,000	n/a
Per Person Medical Out-of-Pocket Maximum*	$2,000	$4,000	$3,000
Per Person Plus One Medical Out-of-Pocket	$4,000	$8,000	n/a
Per Family Unit Medical Out-of-Pocket Maximum*	$5,000	$10,000	n/a
Per Person Prescription Out-of-Pocket Maximum*	$1,500	Does not apply	$3,000
Per Person Plus One Prescription Out-of-Pocket	$3,000	Does not apply	n/a
Per Family Unit Prescription Out-of-Pocket	$4,500	Does not apply	n/a
*The amount of money that any individual will have to pay toward covered health care expenses during any one calendar year. The following items do not apply to the medical out-of-pocket (OOP) maximums: Prescription copayments, vision & dental benefits and services excluded from coverage. The per person plus one OOP maximum is equal to two individual OOP maximums and the family unit OOP maximum is equal to 2 1/2 individual OOP maximums.			
Retail Prescription Drug Card (specialty drugs are limited to a 30-day supply regardless of retail or mail)	Retail 30-day Copay: $10/30/50; Retail 90-day Copay: $30/90/150; Mail Order 90-day Copay: $20/60/100	Not covered	$4 Tier 1 generic; $25 Tier 2 Preferred Brand; $40 Tier 3 Non-Preferred Brand; 33% Tier 4 Specialty. *In Coverage Gap: $4 Tier 1; $25 Tier 2; $40 Tier 3; 33% Tier 4*
Physician Services			
Physician Office Visits Includes surgeries, therapies and certain diagnostic procedures performed in a physician's office.	$30 copay, then 100%	40% coinsurance after deductible is met	$5 copay for PCP and $20 copay for Specialist, then 100%
Well Adult Care (age 16 and over) Includes benefits for routine physical examinations, immunizations and routine diagnostic tests. Limited to one physical exam plus one gynecological exam per calendar year.	$0 copay, then 100%	40% coinsurance after deductible is met	$0 copay, then 100%
Preventive mammograms.	$0 copay, then 100%	40% coinsurance after deductible is met	$0 copay, then 100%
*and covered dependents who are Medicare-Eligible.			

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Plan Name	2015-16 Bradley University PPO Plan IN-NETWORK	2015-16 Bradley University PPO Plan *Out-of-Network*	2015-16 Humana Medicare Advantage Plan 065
Physician Services			
Medical/Surgical Physician Services Inpatient surgery and visits.	100%	40% coinsurance after deductible is met	100%
Mental Health/Substance Abuse Physician Services Mental health and substance abuse physician services are paid the same as Medical/Surgical Services.	$30 copay, then 100%	40% coinsurance after deductible is met	$5 copay, then 100%
Hospital Services			
Inpatient Hospital Services Includes room and board, general nursing care, ICU, operating and recovery rooms, anesthesia, inpatient rehabilitation, mental health/substance abuse, and hospice, and other services and supplies. Inpatient hospital services require prior authorization.	$400 copay per admit, then 100%	40% coinsurance after deductible is met	$200 copay each day for days 1-5 per admission, then 100%
Skilled Nursing Facility Services Includes short-term, non-custodial care in a skilled nursing facility. Requires prior authorization.	100% covered; 120 days max per calendar year	40% coinsurance after deductible is met	$0 copay for days 1-6; $40 copay per day for days 7-20; $110 copay for days 21-100; 100 days max per calendar year
Outpatient Hospital Services Includes, but is not limited to, outpatient or ambulatory surgical procedures performed in a hospital or ambulatory surgical center.	$100 copay per procedure, then 100%	40% coinsurance after deductible is met	10% coinsurance for member
Outpatient Emergency Care (Injury or Illness)	$125 copay, then 100%	$125 copay, then 100%	$65 copay, then 100%
Lab Services and Diagnostic Tests	$0 copay, then 100%	40% coinsurance after deductible is met	$0 copay, then 100%
Additional Services			
Outpatient Rehabilitation Therapy Services Includes physical, occupational and/or speech therapy services provided in an outpatient or home setting.	$30 copay, then 100%	40% coinsurance after deductible is met	$20 copay for Medicare-covered outpatient therapy
Home Health Services Includes home health and home infusion services	$30 copay, then 100% (100 visits per year max)	40% coinsurance after deductible is met	$0 copay for Medicare-covered home health visits
Other Covered Services Includes durable medical equipment, prosthetics, private duty nursing (outpatient or home only), autism spectrum disorder services for children birth to 21.	100%	40% coinsurance after deductible is met	DME - 15% coinsurance
Vision	Per 24 months: $0 copay for routine eye exam and $100 benefit on lenses/frames	Per 24 months: $0 copay for routine eye exam and $100 benefit on lenses/frames	discount program
Dental	$1000 / year benefit max; $50 deductible; routine 100%; Basic/Major 80%	$1000 / year benefit max; $50 deductible; routine 100%; Basic/Major 80%	discount program

*and covered dependents who are Medicare-Eligible.

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