



Medical Rates Effective January 1, 2019 through December 31, 2019

<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	\$196.00	\$188.00
	70-74	\$250.00	\$239.00
	75-79	\$283.00	\$273.00
	80-84	\$328.00	\$314.00
	85+	\$356.00	\$342.00

<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	\$111.00	\$107.00
	70-74	\$155.00	\$147.00
	75-79	\$185.00	\$176.00
	80-84	\$224.00	\$216.00
	85+	\$243.00	\$234.00

<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	\$189.00	\$176.00
	70-74	\$241.00	\$228.00
	75-79	\$275.00	\$262.00
	80-84	\$318.00	\$304.00
	85+	\$346.00	\$330.00

<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	\$93.00	\$90.00
	70-74	\$131.00	\$126.00
	75-79	\$159.00	\$155.00
	80-84	\$194.00	\$189.00
	85+	\$210.00	\$204.00

<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	\$152.00	\$144.00
	70-74	\$200.00	\$192.00
	75-79	\$234.00	\$225.00
	80-84	\$276.00	\$264.00
	85+	\$299.00	\$288.00

For More Information Contact us at:
(855) 344-PSHP (7747) or email: info@hismi.com



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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: PSHP is available in all States. Some restrictions apply to Florida and New York.