



Medical Rates Effective January 1, 2022 through December 31, 2022

<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	\$206.00	\$198.00
	70-74	\$263.00	\$252.00
	75-79	\$299.00	\$287.00
	80-84	\$346.00	\$331.00
	85+	\$375.00	\$361.00

<u>Deductible</u>	<u>Age</u>	<u>No Co-Pay</u>	<u>\$10 Office Visit Co-pay & \$50 ER Co-Pay</u>
*\$1,000 Plan Deductible	65-69	\$117.00	\$112.00
	70-74	\$163.00	\$155.00
	75-79	\$195.00	\$185.00
	80-84	\$235.00	\$227.00
	85+	\$256.00	\$247.00

<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	\$199.00	\$185.00
	70-74	\$254.00	\$241.00
	75-79	\$289.00	\$276.00
	80-84	\$335.00	\$320.00
	85+	\$365.00	\$348.00

<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	\$98.00	\$95.00
	70-74	\$137.00	\$132.00
	75-79	\$167.00	\$163.00
	80-84	\$204.00	\$199.00
	85+	\$221.00	\$215.00

<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	\$160.00	\$152.00
	70-74	\$211.00	\$202.00
	75-79	\$247.00	\$236.00
	80-84	\$290.00	\$278.00
	85+	\$315.00	\$304.00

For More Information Contact us at: (888) 344-2522

or email: info@hismi.com



5640 W. Maple Rd. Suite 304
West Bloomfield, MI 48322

*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.



Underwritten by **United American Insurance Company**

Your Plan Annual Deductible

\$0

Benefit Period: 1/1/2022 through 12/31/2022

MEDICARE PART A - 2022

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies. First 60 Days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once Lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$1,556 All but \$389 a day All but \$778 a day \$0 \$0	\$1,556 - Part A Deductible \$389 a day \$778 a day 100% of Medicare Eligible Expenses \$0	No Plan deductible applies \$0 \$0 \$0 \$0 All Costs
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. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$194.50 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**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 Annual Deductible

Benefit Period: 1/1/2022 through 12/31/2022

****\$0, \$100, \$500, \$1000, or \$1500**

MEDICARE PART B - 2022

Part B Benefits Include: Doctor office visits, rehabilitation, therapies, ER, prompt care, lab work, diagnostic imaging, diagnostics, surgeries, recovery, chemotherapy, dialysis, durable medical equipment, treatments, and all medical services apart from dental, vision, acupuncture, and hearing aids			
Services	Medicare Pays	Plan Pays	You Pay
Medicare Part B Deductible 2022			
First \$233 of Medicare Approved Amounts	\$0	Part B Deductible	Chosen Annual Plan Deductible applies, then:
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
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 \$233 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 plan option mirrors a standard "Plan F," and is available for seniors who turn(ed) age 65 in 2020 and beyond. The \$500, \$1000, and \$1500 plan options have a \$233 Part B Deductible, followed by 20% member coinsurance until the \$500, \$1000, or \$1500 medical max is reached for the calendar year.*



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Express Scripts Part D (Rx) Benefits - OPTION 1

Benefit Period: 1/1/2022 through 12/31/2022

Deductible State	You pay a \$0 yearly deductible.		
Initial Coverage Stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,430:		
Tier	Retail One-Month (31-day) Supply		Mail Three-Month (90-day) Supply
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy
Tiers 1-2: Preferred Generic & Generic Drugs	\$0 / \$15	\$5 / \$20	\$0 / \$30
Tier 3: Preferred Brand Drugs	\$60.00	\$65.00	\$150.00
Tier 4: Non-Preferred Brand Drugs	\$100.00	\$105.00	\$250.00
Tier 5: Specialty Tier Drugs	32.5% coinsurance	33% coinsurance	32.5% coinsurance
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts PharmacySM. There is no charge for standard shipping.		
Coverage Gap Stage / "Donut Hole"	After your total yearly drug costs reach \$4,430, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage, and Specialty drugs will cost 25%.		
Prescribed Non - Part D Drugs	Covered; Excluding Lifestyle Drugs		
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach \$7,050, you will pay the greater of 5% coinsurance or: <ul style="list-style-type: none"> • a \$3.95 copayment for covered generic drugs (including brand drugs treated as generics) with a maximum of the above copays • a \$9.85 copayment for all other covered drugs, with a maximum of the above copays 		



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Express Scripts Part D (Rx) Benefits - OPTION 2

Benefit Period: 1/1/2022 through 12/31/2022

Deductible State	You pay a \$0 yearly deductible.		
Initial Coverage Stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,430:		
Tier	Retail One-Month (31-day) Supply		Mail Three-Month (90-day) Supply
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy
Tier 1: All Generic Drugs	\$5.00	\$10.00	\$10.00
Tier 2: Preferred Brand Drugs	\$40.00	\$45.00	\$80.00
Tier 3: Non-Preferred Brand Drugs	\$75.00	\$80.00	\$180.00
Tier 4: Specialty Tier Drugs	32.5% coinsurance	33% coinsurance	32.5% coinsurance
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts Pharmacy SM . There is no charge for standard shipping.		
Coverage Gap Stage / "Donut Hole"	After your total yearly drug costs reach \$4,430, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage, and Specialty drugs will cost 25%.		
Prescribed Non - Part D Drugs	Covered; Excluding Lifestyle Drugs		
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach \$7,050, you will pay the greater of 5% coinsurance or: <ul style="list-style-type: none"> • a \$3.95 copayment for covered generic drugs (including brand drugs treated as generics) with a maximum of the above copays • a \$9.85 copayment for all other covered drugs, with a maximum of the above copays 		



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Express Scripts Part D (Rx) Benefits - OPTION 3

Benefit Period: 1/1/2022 through 12/31/2022

Deductible State	You pay a \$0 yearly deductible.		
Initial Coverage Stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,430:		
Tier	Retail One-Month (31-day) Supply		Mail Three-Month (90-day) Supply
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy
Tier 1: All Generic Drugs	\$0.00	\$5.00	\$0.00
Tier 2: Preferred Brand Drugs	\$30.00	\$35.00	\$60.00
Tier 3: Non-Preferred Brand Drugs	\$60.00	\$65.00	\$120.00
Tier 4: Specialty Tier Drugs	32.5% coinsurance	33% coinsurance	32.5% coinsurance
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts PharmacySM. There is no charge for standard shipping.		
Coverage Gap Stage / "Donut Hole"	After your total yearly drug costs reach \$4,430, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage, and Specialty drugs will cost 25%.		
Prescribed Non - Part D Drugs	Covered; Excluding Lifestyle Drugs		
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach \$7,050, you will pay the greater of 5% coinsurance or: <ul style="list-style-type: none"> a \$3.95 copayment for covered generic drugs (including brand drugs treated as generics) with a maximum of the above copays a \$9.85 copayment for all other covered drugs, with a maximum of the above copays 		