

Dallas Market

	Blue Cross Medicare Advantage Value (HMO) H9706-001	Blue Cross Medicare Advantage Choice Plus (PPO) H1666-005		Blue Cross Medicare Advantage Classic (PPO) H4801-001	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Premium	\$0	\$0	\$0	\$0	\$0
Doctors Office Visits					
Primary Care Provider	\$0 copay	\$10 copay	50% coinsurance	\$0 copay	\$25 copay
Specialist	\$20 copay	\$50 copay	50% coinsurance	\$50 copay	\$65 copay
Maximum Out-of-Pocket	\$3,400	\$7.500	\$11,300	\$6,500	\$11,300
Inpatient Hospital Copay	\$275/day (days 1-5)	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/\$47/\$100/33% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1	
Prescription Drug Deductible	\$0 Ded	\$480 (Tiers 3-5)		\$480 (Tiers 3-5)	
Extra Health & Wellness B	enefits				
Optional Supplemental Benefits Premium	N/A	N/A		\$40.50	
Dental					
Preventive	\$0 copay	\$0 copay 2 exams, 2 cleanings, 1 x-ray Not Covered		Optional Supplemental Available	Optional Supplemental Available
	2 exams, 2 cleanings, 1 x-ray			\$0 copay	
Comprehensive	\$750 Allowance/Year			(1 routine eye exam)	
Vision					
Eye Wear	\$0 copay Medicare Covered \$100 allowance per year	Not Covered	Not Covered	Optional Supplemental Available	Optional Supplemental Available
Eye Exam	\$0 copay (routine) 1 per year	\$0 copay (1 routine eye exam 1 per year)	\$40 allowance	\$0 copay (1 routine eye exam)	\$40 allowance
	\$699 Advanced				
Hearing Aids	\$999 Premium	Not Covered		Optional Supplemental Available	
Over-the-Counter (OTC) Purchase Allowance	\$50 / Quarterly	Not Covered		Not Covered	
SilverSneakers®† Fitness Program	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
24/7 Nurse Line	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Transportation	12 one-way trips	Not Covered		Not Covered	
Rewards	\checkmark	\checkmark		\checkmark	\checkmark
Telehealth	MD Live	MD Live		MD Live	
	\$0 copay	\$0 copay		\$0 copay	
	Urgent Care Only	Urgent Care Only		Urgent Care Only	

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