



	Blue Cross Medicare Advantage Basic (HMO) H8133-003	Blue Cross Medicare Advantage Value (HMO) H8554-001	Blue Cross Medicare Advantage Classic (PPO) H4801-005		Blue Cross Medicare Advantage Classic (PPO) H4801-006	
			In-Network	Out of Network	In-Network	Out of Network
<b>Plan Premium</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Doctors Office Visits</b> Primary Care Provider Specialist	\$0 copay \$30 copay	\$0 copay \$25 copay	\$0 copay \$40 copay	\$25 copay \$65 copay	\$0 copay \$50 copay	\$25 copay \$65 copay
<b>Maximum Out-of-Pocket</b>	\$3,400	\$3,200	\$5,900	\$11,300	\$5,900	\$11,300
<b>Inpatient Hospital Copay</b>	\$200/day (days 1-6)	\$200/day (days 1-6)	\$375/day (days 1-5)	50% coinsurance	\$375/day (days 1-5)	50% coinsurance
<b>Retail Preferred Pharmacy</b>	\$0-\$10/\$10-\$20/\$47/\$100/28% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/33% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1	
<b>Prescription Drug Deductible</b>	\$255 Ded (Tier 4-5)	\$0 Ded	\$350 Ded (Tier 3-5)		\$350 Ded (Tier 3-5)	
<b>Extra Health &amp; Wellness Benefits</b>						
<b>Optional Supplemental Benefits Premium</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		<b>\$27.50</b>	
<b>Dental Preventive</b>  Comprehensive	Not Covered  Not Covered	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$2,000 Allowance/Year	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$1,000 Allowance/Year		\$0 copay 2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
<b>Vision</b> Eye Wear Eye Exam	\$0 copay eyeglass lenses \$130 allowance per year \$0 copay (routine) 1 per year	\$150 allowance per year \$0 copay (routine) 1 per year	\$150 allowance per year \$0 copay (routine) 1 per year	\$150 allowance per year \$40 allowance	\$125 allowance per year \$0 copay (routine) 1 eye exam per year	\$125 allowance per year \$40 allowance
<b>Hearing Aids</b>	\$699 Advanced \$999 Premium	\$699 Advanced \$999 Premium	\$1,000 Allowance/3 Years		\$1,000 Allowance/3 Years	
<b>Over-the-Counter (OTC) Purchase Allowance</b>	Not Covered	\$100/Quarterly	\$25/Quarterly		Not Covered	
<b>SilverSneakers Fitness Program</b>	✓	✓	✓	✓	✓	✓
<b>24/7 Nurseline</b>	✓	✓	✓	✓	✓	✓
<b>Transportation</b>	Not Covered	24 one-way trips	Not Covered		Not Covered	
<b>Rewards</b>	✓	✓	✓	✓	✓	✓
<b>Telehealth</b>	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only

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