



	Blue Cross Medicare Advantage Value (HMO) H9706-005	Blue Cross Medicare Advantage Basic (HMO) H8133-001	Blue Cross Medicare Advantage Choice Plus (PPO) H1666-006		Blue Cross Medicare Advantage Classic (PPO) H4801-002	
			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 \$30 copay	\$20 copay \$50 copay	50% coinsurance 50% coinsurance	\$20 copay \$50 copay	\$25 copay \$65 copay
<b>Maximum Out-of-Pocket</b>	\$3,400	\$3,400	\$7,500	\$11,300	\$6,500	\$11,300
<b>Inpatient Hospital Copay</b>	\$295/day (days 1-6)	\$295/day (days 1-6)	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance
<b>Retail Preferred Pharmacy</b>	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/25% Full Coverage Tier 1		\$0-\$10/\$10-\$20/ \$47/\$100/25% Full Coverage Tier 1	
<b>Prescription Drug Deductible</b>	\$0 Ded	\$0 Ded	\$480 (Tiers 3-5)		\$480 (Tiers 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>\$31.30</b>	
<b>Dental Preventive</b> Comprehensive	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$1,000 Allowance/Year	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$1,000 Allowance/Year	Not Covered		\$0 copay 2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
<b>Vision</b> Eye Wear Eye Exam	\$0 copay Medicare Covered \$150 allowance per year \$0 copay (routine) 1 per year	\$0 copay Medicare Covered \$150 allowance per year \$0 copay (routine) 1 per year	Not Covered \$0 copay (1 routine eye exam 1 per year)	Not Covered \$40 allowance	\$0 copay Medicare Covered \$125 yearly allowance \$0 copay (routine) 1 per year	\$0 copay Medicare Covered \$125 yearly allowance \$40 allowance
<b>Hearing Aids</b>	\$699 Advanced \$999 Premium	\$699 Advanced \$999 Premium	Not Covered		\$1,000 hearing aid allowance/every 3 years	
<b>Over-the-Counter (OTC) Purchase Allowance</b>	\$75/Quarterly	\$75/Quarterly	Not Covered		Not Covered	
<b>SilverSneakers Fitness Program</b>	✓	✓	✓	✓	✓	✓
<b>24/7 Nurseline</b>	✓	✓	✓	✓	✓	✓
<b>Transportation</b>	12 one-way trips	12 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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