



## North, Northeast and Central Markets

State/Market	North, Northeast		North, Northeast		Central	
	Blue Cross Medicare Advantage Classic (PPO) H4801-009		Blue Cross Medicare Advantage Classic (PPO) H4801-012		Blue Cross Medicare Advantage Classic (PPO) H4801-011	
	In-Network	Out-of-Network	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	\$10 copay		\$10 copay		\$0 copay	\$25 copay
Specialist	\$50 copay		\$50 copay		\$50 copay	\$65 copay
<b>Maximum Out-of-Pocket</b>	\$7,550	\$11,300	\$7,550	\$11,300	\$6,700	\$11,300
<b>Inpatient Hospital Copay</b>	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance
<b>Retail Preferred Pharmacy</b>	\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1	
<b>Prescription Drug Deductible</b>	\$480 (Tiers 3-5)		\$480 (Tiers 3-5)		\$350 (Tiers 3-5)	
<b>Extra Health &amp; Wellness Benefits</b>						
<b>Optional Supplemental Benefits Premium</b>	<b>\$35.40</b>		<b>\$36.50</b>		<b>\$32.50</b>	
<b>Dental</b>						
Preventive	\$0 copay		\$0 copay		\$0 copay	
Comprehensive	2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available		2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available		2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
<b>Vision</b>	Optional Supplemental Available	Optional Supplemental Available	Optional Supplemental Available	Optional Supplemental Available	\$100 Allowance/Year	\$100 Allowance/Year
Eye Wear	\$0 copay (routine)	\$40 allowance	\$0 copay (routine)	\$40 allowance	\$0 copay (1 routine exam)	\$40 allowance
Eye Exam	1 per year		1 per year			
<b>Hearing Aids</b>	Optional Supplemental Available		Optional Supplemental Available		Optional Supplemental Available	
<b>Over-the-Counter (OTC) Purchase Allowance</b>	Not Covered		Not Covered		Not Covered	
<b>SilverSneakers®<sup>†</sup> Fitness Program</b>	✓		✓	✓	✓	✓
<b>24/7 Nurse Line</b>	✓		✓	✓	✓	✓
<b>Transportation</b>	Not Covered		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	

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