



|  | Blue Cross Medicare Advantage Value (HMO) H8554-001       | Blue Cross Medicare Advantage Choice Premier (PPO) H1666-008 |  | Blue Cross Medicare Advantage Classic (PPO) H4801-004            |  |
|--|---|--|--|--|--|
|  |   | 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>Doctors Office Visits</b>                       |   |  |  |  |  |
| Primary Care Provider                              | \$0 copay   | \$0 copay  | 50% coinsurance  | \$0 copay  | \$25 copay   |
| Specialist   | \$25 copay  | \$35 copay   | 50% coinsurance  | \$50 copay   | \$65 copay   |
| <b>Maximum Out-of-Pocket</b>                       | \$3,200   | \$7,550  | \$11,300   | \$6,400  | \$11,300   |
| <b>Inpatient Hospital Copay</b>                    | \$200/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 of Tier 1 | \$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1    |  | \$0-\$10/\$10-\$20/\$47/\$100/28% Full Coverage of Tier 1        |  |
| <b>Prescription Drug Deductible</b>                | \$0 Ded   | \$350 (Tiers 3-5)  |  | \$295 (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>\$28.10</b>   |  |
| <b>Dental</b>                                      |   |  |  |  |  |
| Preventive   | \$0 copay   | \$0 copay  |  | \$0 copay  |  |
| Comprehensive                                      | 2 exams, 2 cleanings, 1 x-ray<br>\$2,000 Allowance/Year   | 2 exams, 2 cleanings, 1 x-ray<br>Not Covered                 |  | 2 exams, 2 cleanings, 1 x-ray<br>Optional Supplemental Available |  |
| <b>Vision</b>                                      |   |  |  |  |  |
| Eye Wear   | \$0 copay Medicare Covered<br>\$150 allowance per year    | \$0 Copay Medicare Covered<br>\$100 allowance per year       | \$0 Copay Medicare Covered<br>\$100 allowance per year | \$0 Copay Medicare Covered<br>\$100 allowance per year           | \$0 Copay Medicare Covered<br>\$105 allowance per year |
| Eye Exam   | \$0 copay (routine) 1 per year                            | \$0 copay (1 routine eye exam per year)                      | \$40 allowance   | \$0 copay (1 routine eye exam per year)                          | \$40 allowance   |
| <b>Hearing Aids</b>                                | \$699 Advanced<br>\$999 Premium                           | Not Covered  |  | \$1,000 hearing aid allowance/every 3 years                      |  |
| <b>Over-the-Counter (OTC) Purchase Allowance</b>   | \$100 / Quarterly   | Not Covered  |  | \$25 / Quarterly   |  |
| <b>SilverSneakers<sup>®†</sup> Fitness Program</b> | ✓   | ✓  | ✓  | ✓  | ✓  |
| <b>24/7 Nurse Line</b>                             | ✓   | ✓  | ✓  | ✓  | ✓  |
| <b>Transportation</b>                              | 24 one-way trips  | Not Covered  |  | Not Covered  |  |
| <b>Rewards</b>                                     | ✓   | ✓  | ✓  | ✓  | ✓  |
| <b>Telehealth</b>                                  | MD Live<br>\$0 copay<br>Urgent Care Only                  | MD Live<br>\$0 copay<br>Urgent Care Only                     | MD Live<br>\$0 copay<br>Urgent Care Only               | MD Live<br>\$0 copay<br>Urgent Care Only                         | MD Live<br>\$0 copay<br>Urgent Care Only               |

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