



State/Market	TX Plans - South, Southeast	South, Southeast Texas	South, Southeast Texas			
	Blue Cross Medicare Advantage Value (HMO) H8554-001	Blue Cross Medicare Advantage Basic (HMO) H8133-005	Blue Cross Medicare Advantage Classic (PPO) H4801-006		Blue Cross Medicare Advantage Classic (HMO) H4801-010	
			In-Network	Out of Network	In-Network	Out of Network
Plan Premium	\$0	\$0	\$0	\$0	\$0	\$0
Doctors Office Visits Primary Care Provider Specialist	\$0 copay \$25 copay	\$0 copay \$30 copay	\$0 copay \$50 copay	\$25 copay \$65 copay	\$20 copay \$50 copay	\$25 copay \$65 copay
Maximum Out-of-Pocket	\$3,200	\$3,400	\$5,900	\$11,300	\$6,500	\$11,300
Inpatient Hospital Copay	\$200/day (days 1-5)	\$350/day <small>30 copay</small>	\$375/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 <small>Optional Supplemental Available</small>	\$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1	
Prescription Drug Deductible	\$0 Ded	\$480 Ded (Tier 3-5)	\$350 Ded (Tier 3-5)		\$480 Ded (Tier 3-5)	
Extra Health & Wellness Benefits						
Optional Supplemental Benefits Premium	N/A	N/A	\$27.50		\$32.60	
Dental Preventive Comprehensive	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$2,000 Allowance/Year	Not Covered Not Covered	\$0 copay 2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available		\$0 copay 2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
Vision Eye Wear Eye Exam	\$150 allowance per year \$0 copay (routine)/ 1 per year	\$0 copay eyeglass lenses \$130 allowance per year \$0 copay (routine)/1 per year	\$125 allowance per year \$0 copay (routine) 1 per year	\$125 allowance per year \$40 allowance	\$125 allowance per year \$0 copay (routine) 1 per year	\$125 allowance per year \$40 allowance
Hearing Aids	\$699 Advanced \$999 Premium	\$699 Advanced \$999 Premium	\$1,000 Allowance/3 Years		\$1,000 Allowance/3 Years	
Over-the-Counter (OTC) Purchase Allowance	\$100/Quarterly	Not Covered	Not Covered		Not Covered	
SilverSneakers Fitness Program	✓	✓	✓	✓	✓	✓
24/7 Nurseline	✓	✓	✓	✓	✓	✓
Transportation	24 one-way trips	12 one-way trips	Not Covered		Not Covered	
Rewards	✓	✓	✓	✓	✓	✓
Telehealth	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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