

Plan Benefits	BlueMedicare Saver Choice PPO	BlueMedicare Value Choice PPO	BlueMedicare Premier Choice PPO
Monthly premium	\$0	\$29	\$49
Annual medical deductible	\$0	\$0	\$0
Out-of-pocket maximum	\$5,500	\$6,000	\$5,700
Primary care provider visits	\$0 co-pay and no referrals from your PCP	\$0 co-pay and no referrals from your PCP	\$0 co-pay and no referrals from your PCP
Specialist visits	\$30 co-pay	\$40 co-pay	\$35 co-pay
Telehealth	\$0 co-pay for PCP and urgent care visits	\$0 co-pay for PCP and urgent care visits	\$0 co-pay for PCP and urgent care visits
Inpatient hospital stay	Days 1-5: \$399; days 6-90: \$0	Days 1-5: \$345; days 6-90: \$0	Days 1-5: \$315; days 6-90: \$0
Worldwide emergency/urgent care	\$90 co-pay; \$15,000 annual limit	\$90 co-pay; \$15,000 annual limit	\$90 co-pay; \$15,000 annual limit
Routine eye exam	\$0 co-pay	\$0 co-pay	\$0 co-pay
Eyewear	Coverage for contacts, lenses and frames, and upgrades (combined allowance of up to \$100 every year)	Coverage for contacts, lenses and frames, and upgrades (combined allowance of up to \$150 every year)	Coverage for contacts, lenses and frames, and upgrades (combined allowance of up to \$200 every year)
Preventive dental services	\$0 co-pay	\$0 co-pay	\$0 co-pay
Comprehensive dental services	\$2,000 annual maximum Coverage for basic and major dental services such as extractions and fillings	\$2,000 annual maximum Coverage for basic and major dental services such as extractions and fillings	\$2,000 annual maximum Coverage for basic and major dental services such as crowns, deep cleaning, dentures, extractions, fillings, and root canals
Routine hearing exam	\$0 co-pay	\$0 co-pay	\$0 co-pay
Hearing aids	\$699 co-pay per aid for Advanced Aids, \$999 co-pay per aid for Premium Aids	Up to \$1,000 every 3 years towards the cost of 2 non-implantable hearing aids	Up to \$1,500 every 3 years towards the cost of 2 non-implantable hearing aids
Fitness membership	\$0 co-pay for a SilverSneakers® fitness program membership	\$0 co-pay for a SilverSneakers® fitness program membership	\$0 co-pay for a SilverSneakers® fitness program membership
Over-the-counter benefit	\$25 allowance per quarter	\$25 allowance per quarter	\$25 allowance per quarter
Flex card benefit	\$500 pre-loaded Mastercard debit card to help reduce covered out-of-pocket dental, vision, and hearing costs	\$500 pre-loaded Mastercard debit card to help reduce covered out-of-pocket dental, vision, and hearing costs	\$500 pre-loaded Mastercard debit card to help reduce covered out-of-pocket dental, vision, and hearing costs
Senior Savings Model	Receive select insulins at a \$0 co-pay for 30- and 100-day supplies. The pharmacy deductible does not apply.		

These are in-network benefits. Consult the Summary of Benefits (SB) for more information.

Want to learn more?

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Prescription Drug Coverage				
BlueMedicare Saver Choice PPO	Annual pharmacy deductible: \$250 for Tiers 4 and 5			
	Retail		Mail order	
	30-day supply	Up to 100-day supply	30-day supply	Up to 100-day supply
Tier 1: Preferred generic	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Tier 2: Generic	\$15 co-pay	\$30 co-pay	\$15 co-pay	\$0 co-pay
Tier 3: Preferred brand	\$47 co-pay	\$141 co-pay	\$47 co-pay	\$141 co-pay
Tier 4: Non-Preferred drug	\$100 co-pay	\$300 co-pay	\$100 co-pay	\$300 co-pay
Tier 5: Specialty tier	28% of the total cost	Not covered	28% of the total cost	Not covered
Tier 6: Select care drugs tier	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
BlueMedicare Value Choice PPO	Annual pharmacy deductible: \$150 for Tiers 4 and 5			
	Retail		Mail order	
	30-day supply	Up to 100-day supply	30-day supply	Up to 100-day supply
Tier 1: Preferred generic	\$3 co-pay	\$6 co-pay	\$3 co-pay	\$0 co-pay
Tier 2: Generic	\$13 co-pay	\$26 co-pay	\$13 co-pay	\$0 co-pay
Tier 3: Preferred brand	\$47 co-pay	\$141 co-pay	\$47 co-pay	\$141 co-pay
Tier 4: Non-Preferred drug	\$100 co-pay	\$300 co-pay	\$100 co-pay	\$300 co-pay
Tier 5: Specialty tier	30% of the total cost	Not covered	30% of the total cost	Not covered
Tier 6: Select care drugs tier	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
BlueMedicare Premier Choice PPO	Annual pharmacy deductible: \$0			
	Retail		Mail order	
	30-day supply	Up to 100-day supply	30-day supply	Up to 100-day supply
Tier 1: Preferred generic	\$3 co-pay	\$6 co-pay	\$3 co-pay	\$0 co-pay
Tier 2: Generic	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$0 co-pay
Tier 3: Preferred brand	\$47 co-pay	\$141 co-pay	\$47 co-pay	\$141 co-pay
Tier 4: Non-Preferred drug	\$100 co-pay	\$300 co-pay	\$100 co-pay	\$300 co-pay
Tier 5: Specialty tier	33% of the total cost	Not covered	33% of the total cost	Not covered
Tier 6: Select care drugs tier	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Coverage periods				
Initial coverage stage	You remain in this stage until your total yearly drug costs (total drug costs paid by you and by the plan) reach \$4,430.			
Coverage gap stage	Premier Choice only: Tier 1 - you pay the same co-pay in the initial coverage stage or 25% of the cost (whichever is lower). All plans: Tier 6 is \$0 co-pay. All other Tiers: you pay 25% of the total cost.			
Catastrophic coverage stage	After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of: 5% of the cost, or \$3.95 co-pay for generic drugs and \$9.85 co-pay for all other drugs.			