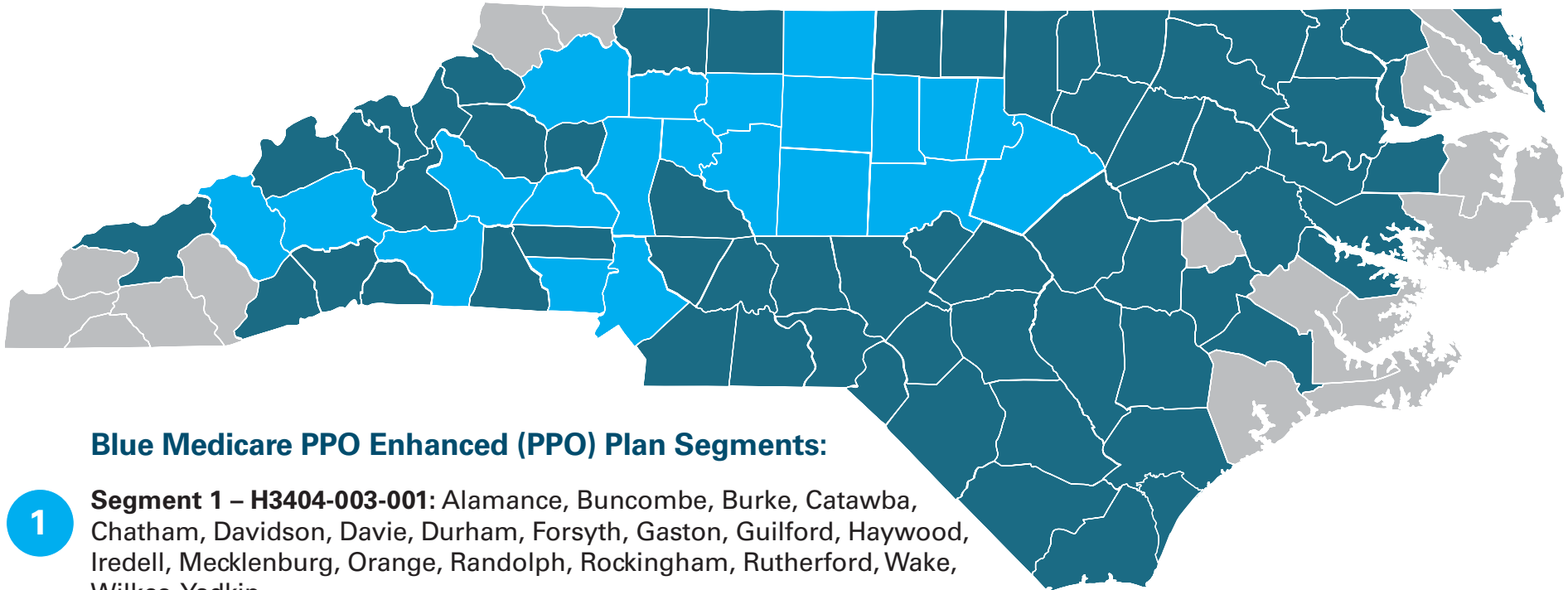


Enhanced Plan



Blue Medicare PPO Enhanced (PPO) Plan Segments:

1

Segment 1 – H3404-003-001: Alamance, Buncombe, Burke, Catawba, Chatham, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Iredell, Mecklenburg, Orange, Randolph, Rockingham, Rutherford, Wake, Wilkes, Yadkin

2


Segment 2 – H3404-003-002: Alexander, Anson, Avery, Beaufort, Bertie, Bladen, Brunswick, Cabarrus, Caldwell, Caswell, Chowan, Cleveland, Columbus, Cumberland, Currituck, Duplin, Edgecombe, Franklin, Gates, Granville, Halifax, Harnett, Henderson, Hertford, Hoke, Johnston, Jones, Lee, Lenoir, Lincoln, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Pender, Person, Pitt, Polk, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Warren, Washington, Watauga, Wayne, Wilson, Yancey


Blue Medicare PPO Enhanced Plan

Plan Benefits		Segment 1 H3404-003-001	Segment 2 H3404-003-002
Premium		\$29	\$49
Annual maximum out-of-pocket	In-network:	\$4,900	\$4,900
	Out-of-network:	\$4,900	\$4,900
Physician	Primary Care Provider:	\$0	\$0
	Specialist:	\$15	\$25
Hospital	Days 1–5:	\$335	\$335
	Additional unlimited days:	\$0	\$0
Outpatient surgery	Outpatient Hospital:	\$295	\$295
	Ambulatory Surgical Center:	\$200	\$200
Skilled nursing facility	Days 1–20:	\$0	\$0
	Days 21–60:	\$203	\$203
	Days 61–100:	\$0	\$0

Blue Medicare PPO Enhanced Plan



 Plan Benefits	Segment 1 H3404-003-001	Segment 2 H3404-003-002
Diagnostic Services/Labs/Imaging*	\$0-\$300	\$0-\$300
Ground & Air Ambulance	\$250	\$250
Emergency room	\$120	\$120
Urgent care	\$60	\$60
Medicare-covered eye exam	\$15 copay	\$25 copay
Visitor/traveler program	Included	Included

 Additional Plan Benefits	Segment 1 H3404-003-001	Segment 2 H3404-003-002
Healthy Aging and Exercise Program	\$0	\$0
Hearing aids (1 per ear per year)	\$699-\$999 copay	\$699-\$999 copay
Vision allowance (routine prescription eyewear)	\$300 per year	\$300 per year
Dental allowance (preventive and comprehensive)	\$2,000 combined OON at 20%	\$2,000 combined OON at 20%
Meals (post-discharge)	2 per day for 14 days	2 per day for 14 days
OTC allowance	\$105 per quarter	\$90 per quarter

Unless otherwise noted, these are in-network benefits.

*Actual charge will depend on specific service.

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Blue Medicare PPO Enhanced Plan

Rx Prescription Benefits		All Segments
Has Gap coverage?		Yes
Rx deductible		\$0
Rx deductible applies to ...		No deductible
Preferred Rx – 30 day supply	Tier 1: Preferred generic	\$0
	Tier 2: Generic	\$6
	Tier 3: Preferred brand	\$45
	Tier 4: Non-preferred drug	\$99
	Tier 5: Specialty	33%
	Tier 6: Select care	\$0
Preferred Mail Order	For a 90 day supply, you pay \$0 copay for Tiers 1, 2 and 6; for Tiers 3 and 4, you pay up to 2 times the copay at a Preferred Mail Order pharmacy.	

Unless otherwise noted, these are in-network benefits.