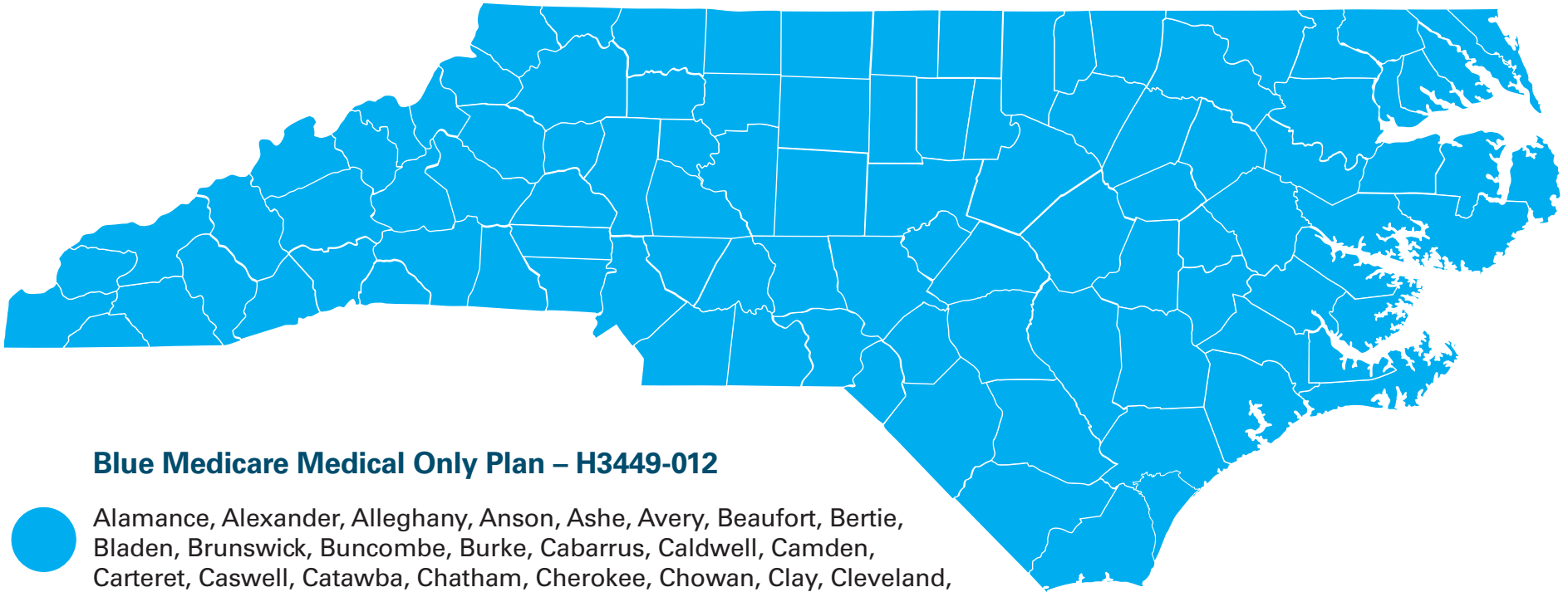


Blue Medicare Medical OnlySM (HMO-POS)



Medical Only Plan



Blue Medicare Medical Only Plan – H3449-012



Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey


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Blue Medicare Medical Only Plan

Plan Benefits		Blue Medicare Medical Only Plan – H3449-012
Premium		\$0
Annual maximum out-of-pocket	In-network:	\$3,900
Physician	Primary Care Provider:	\$0
	Specialist:	\$25
Hospital	Days 1–5:	\$295
	Additional unlimited days:	\$0
Outpatient surgery	Outpatient Hospital:	\$275
	Ambulatory Surgical Center:	\$225
Skilled nursing facility	Days 1–20:	\$0
	Days 21–60:	\$203
	Days 61–100:	\$0

Blue Medicare Medical Only Plan



 Plan Benefits	Blue Medicare Medical Only Plan – H3449-012
Diagnostic Services/Labs/Imaging*	\$0–\$300
Ground & Air Ambulance	\$250
Emergency room	\$120
Urgent care	\$60
Medicare-covered eye exam	\$25 copay

*Actual charge will depend on specific service.

Blue Medicare Medical Only Plan

i Additional Plan Benefits	Blue Medicare Medical Only Plan – H3449-012
Healthy Aging and Exercise Program	\$0
Routine hearing exam	\$0 copay
Hearing aids (1 per ear per year)	\$699–\$999 copay
Vision allowance (routine prescription eyewear)	\$300 per year
Glaucoma Screening & Diabetic Eye Exam	\$0 copay
Dental allowance (preventive and comprehensive)	\$2,000 combined OON at 20%
Meals (post-discharge)	2 per day for 14 days
OTC allowance	\$100 per quarter
Part B Premium Reduction	\$50 a month
Home Safety Devices (2 per year)*	\$0 copay

Rx Prescription Benefits

No prescription benefits offered with this plan

*Devices must be ordered from approved product list using designated provider.