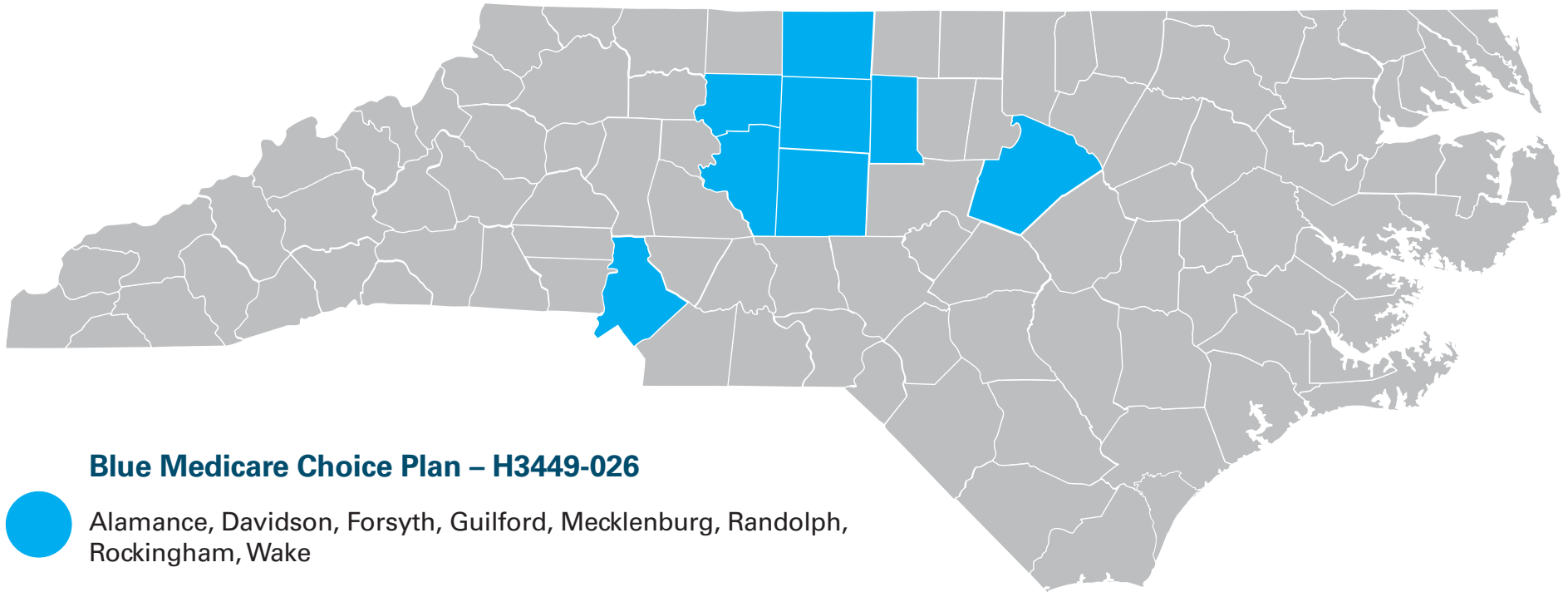


Blue Medicare ChoiceSM (HMO)
Choice Plan



Blue Medicare Choice Plan – H3449-026




Alamance, Davidson, Forsyth, Guilford, Mecklenburg, Randolph,
Rockingham, Wake


Blue Medicare Choice Plan

Plan Benefits		Blue Medicare Choice Plan – H3449-026
Premium		\$0
Annual maximum out-of-pocket	In-network:	\$2,800
Physician	Primary Care Provider:	\$0
	Specialist:	\$10
Hospital	Days 1–5:	\$295
	Additional unlimited days:	\$0
Outpatient surgery	Outpatient Hospital:	\$295
	Ambulatory Surgical Center:	\$275
Skilled nursing facility	Days 1–20:	\$0
	Days 21–60:	\$203
	Days 61–100:	\$0

Blue Medicare Choice Plan



 Plan Benefits	Blue Medicare Choice Plan – H3449-026
Diagnostic Services/Labs/Imaging*	\$0–\$300
Ground & Air Ambulance	\$275
Emergency room	\$135
Urgent care	\$60
Medicare-covered eye exam	\$10 copay

 Additional Plan Benefits	Blue Medicare Choice Plan – H3449-026
Healthy Aging and Exercise Program	\$0
Hearing aids (1 per ear per year)	\$699–\$999 copay
Vision allowance (routine prescription eyewear)	\$200 per year
Glaucoma Screening & Diabetic Eye Exam	\$0 copay
Preventive dental (limits apply)	\$0
Meals (post-discharge)	2 per day for 14 days
OTC allowance	\$85 per quarter
Home Safety Devices (2 per year)**	\$0 copay

*Actual charge will depend on specific service. **Devices must be ordered from approved product list using designated provider.

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Blue Medicare Choice Plan

Prescription Benefits

Blue Medicare Choice Plan – H3449-026

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.	