



**Community Blue Medicare HMO (Western, Central and Northeastern Pennsylvania)**

		Community Blue Medicare HMO Signature	Community Blue Medicare HMO Prestige	Community Blue Medicare HMO Signature	
<b>HEALTH</b>	<b>BASIC PLAN COSTS</b>	Monthly Plan Premium	Western: \$0	Western: \$193.50	Central/NEPA Region 1: \$15.00 Central/NEPA Region 2: \$25.00
		Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700
	<b>PHYSICIAN SERVICES</b>	Doctor Office Visit	\$0 Per Visit	\$0 Per Visit	\$5 Per Visit
		Specialist Office Visit	\$45 Per Visit	\$10 Per Visit	\$45 Per Visit
		Lab & Diagnostic Test	Office/Lab: \$5 Copay Outpatient: \$20 Copay	Covered in Full	Office/Lab: \$5 Copay Outpatient: \$20 Copay
		X-rays/Advanced Imaging	\$50 X-Ray/\$200 Advanced Imaging	\$10 X-Ray/\$35 Advanced Imaging	\$50 X-Ray/\$200 Advanced Imaging
		Preventative Testings & Screenings	Covered In Full	Covered In Full	Covered In Full
	<b>FACILITY SERVICES</b>	Outpatient Surgery	ASC: \$350 Copay Facility: \$350 Copay	ASC: \$50 Copay Facility: \$50 Copay	ASC: \$300 Copay Facility: \$300 Copay
		Emergency Room	\$75 Copay	\$75 Copay	\$75 Copay
		Inpatient Hospital Stay	\$275/day (days 1-5)/admit	\$100/admit	\$200/day (days 1-7)/admit
		Skilled Nursing Facility (days 1-100 per benefit period per admit)	\$0/day (days 1-20); \$160/day (days 21-100)	\$0/day (days 1-20); \$160/day (days 21-100)	\$0/day (days 1-20); \$160/day (days 21-100)
	<b>ADDITIONAL BENEFITS</b>	Routine Vision (annually)	\$0 Copay for routine eye exam. Standard Eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.		
		Routine Hearing (2 hearing aids per year)	TruHearing Chime 500: \$699 copay per aid TruHearing Chime 900: \$999 copay per aid	TruHearing Chime 500: \$499 copay per aid TruHearing Chime 900: \$799 copay per aid	TruHearing Chime 500: \$699 copay per aid TruHearing Chime 900: \$999 copay per aid
		Routine Dental	Office Visit: \$30 Copay (1 every calendar year) X-Ray: \$25 Copay (1 every calendar year)	Office Visit: \$20 Copay (1 every 6 months) X-Ray: \$20 Copay (1 every 6 months)	Office Visit: \$30 Copay (1 every calendar year) X-Ray: \$25 Copay (1 every calendar year)
		Routine Chiropractic	\$20 Copay (6 visits)	\$20 Copay (8 visits)	\$20 Copay (6 visits)
		Routine Podiatry	\$45 Copay (8 visits)	\$10 Copay (10 visits)	\$45 Copay (8 visits)
		Acupuncture	\$30 Copay (5 visits)	\$30 Copay (5 visits)	\$30 Copay (5 visits)
	<b>OTHER PLAN COVERAGE</b>	Ambulance (per one way trip)	\$300 Copay	\$100 Copay	\$300 Copay
		Durable Medical Equipment (including oxygen)	20% Coinsurance	20% Coinsurance	20% Coinsurance
	<b>DRUG</b>	<b>PART D DRUGS (UP TO 31 DAYS)</b>	Initial Coverage	\$0 Pref. Gen, \$20 Non-Pref. Gen, \$47 Pref. Brand, 45% Non-Pref Brand, 33% Specialty	\$3 Pref. Gen, \$15 Non-Pref. Gen, \$42 Pref. Brand, 45% Non-Pref Brand, 33% Specialty
Coverage Gap			Generics (58% coins) Brand (45% coins including 50% discount)	Generics: Tier 1 (\$3) Generics: Tier 2 (\$15) Generics Tiers 3-5 (58% coins) Brand (45% coins including 50% discount)	Generics (58% coins) Brand (45% coins including 50% discount)
Catastrophic Coverage			Greater of: 5% or \$2.95 Gen/Pref. Multi Source or \$7.40 for all others	Greater of: 5% or \$2.95 Gen/Pref. Multi Source or \$7.40 for all others	Greater of: 5% or \$2.95 Gen/Pref. Multi Source or \$7.40 for all others
Mail Order Drugs (up to 90 day supply; specialty tier up to 31 days supply)			\$0 Pref. Gen, \$50 Non-Pref. Gen, \$117.50 Pref. Brand, 45% Non-Pref Brand, 33% Specialty	\$7.50 Pref. Gen, \$37.50 Non-Pref. Gen, \$105 Pref. Brand, 45% Non-Pref Brand, 33% Specialty	\$12.50 Pref. Gen, \$50 Non-Pref. Gen, \$117.50 Pref. Brand, 45% Non-Pref Brand, 33% Specialty

**Western Counties:** Allegheny, Armstrong, Beaver, Bedford, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland

**Central/NEPA 1 Counties:** Cumberland, Dauphin, Lackawanna, Lehigh, Luzerne, Lycoming, Sullivan, Wyoming

**Central/NEPA 2 Counties:** Juniata, Northampton, Perry, Susquehanna, Tioga, Wayne

**NOT FOR USE WITH A MEDICARE BENEFICIARY. THIS IS FOR AGENT USE ONLY. PENDING CMS APPROVAL.**