



Security Blue HMO (Western Pennsylvania)

		Security Blue HMO Basic	Security Blue HMO ValueRx	Security Blue HMO Standard	Security Blue HMO Deluxe		
HEALTH	BASIC PLAN COSTS	Monthly Plan Premium	SW: \$49.00 WC: \$44.00	SW: \$59.50 WC: \$49.50	SW: \$195.50 WC: \$174.50	SW: \$269.50 WC: \$214.50	
		Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700	
	PHYSICIAN SERVICES	Doctor Office Visit	\$5 Per Visit	\$10 Per Visit	\$10 Per Visit	\$5 Per Visit	
		Specialist Office Visit	\$30 Per Visit	\$35 Per Visit	\$30 Per Visit	\$25 Per Visit	
		Lab & Diagnostic Test	Office/Lab: \$0 Copay Outpatient: \$10 Copay	Office/Lab: \$0 Copay Outpatient: \$10 Copay	Covered in Full	Covered in Full	
		X-rays/Advanced Imaging	\$45 X-Ray/\$100 Advanced Imaging	\$30 X-Ray/\$125 Advanced Imaging	\$25 X-Ray/\$75 Advanced Imaging	\$20 X-Ray/\$50 Advanced Imaging	
		Preventative Testings & Screenings	Covered In Full	Covered In Full	Covered In Full	Covered In Full	
	FACILITY SERVICES	Outpatient Surgery	ASC: \$100 Copay Facility: \$200 Copay	ASC: \$135 Copay Facility: \$250 Copay	ASC: \$125 Copay Facility: \$225 Copay	ASC: \$75 Copay Facility: \$150 Copay	
		Emergency Room	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	
		Inpatient Hospital Stay	\$350/admit	\$200/day (days 1-7)/admit	\$325/admit	\$225/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)	\$0/day (days 1-20); \$160/day (days 21-100)	
	ADDITIONAL BENEFITS	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: \$699 copay per aid TruHearing Chime 900: \$999 copay per aid	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	
		Routine Dental	Office Visit: \$30 Copay (1 every calendar year) X-Ray: \$25 Copay (1 every calendar year)	Office Visit: \$30 Copay (1 every calendar year) X-Ray: \$25 Copay (1 every calendar year)	Office Visit: \$30 Copay (1 every calendar year) X-Ray: \$25 Copay (1 every calendar year)	Office Visit: \$20 Copay (1 every calendar year) X-Ray: \$20 Copay (1 every calendar year)	
		Routine Chiropractic	\$20 Copay (6 visits)	\$20 Copay (6 visits)	\$20 Copay (8 visits)	\$20 Copay (8 visits)	
		Routine Podiatry	\$30 Copay (8 visits)	\$35 Copay (8 visits)	\$30 Copay (10 visits)	\$25 Copay (10 visits)	
	OTHER PLAN COVERAGE	Ambulance (per one way trip)	\$125 Copay	\$200 Copay	\$125 Copay	\$100 Copay	
		Durable Medical Equipment (including oxygen)	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	
	DRUG	PART D DRUGS (UP TO 31 DAYS)	Initial Coverage	Not Covered	\$3 Pref. Gen, \$15 Non-Pref. Gen, \$47 Pref. Brand, 45% Non-Pref Brand, 33% Specialty	\$3 Pref. Gen, \$15 Non-Pref. Gen, \$45 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	Not Covered	Generics (58% coins) Brand (45% coins including 50% discount)	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)
Catastrophic Coverage			Not Covered	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)			Not Covered	\$7.50 Pref. Gen, \$37.50 Non-Pref. Gen, \$117.50 Pref. Brand, 45% Non-Pref Brand, 33% Specialty	\$7.50 Pref. Gen, \$37.50 Non-Pref. Gen, \$112.50 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	

SW Counties: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Washington, Westmoreland

WC Counties: Bedford, Blair, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Huntingdon, Jefferson, McKean, Mercer, Potter, Somerset, Venango, Warren

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