

Suggested Plan: Senior Blue 699 (HMO) Plan 4

Monthly premium effective January 1, 2024		Cost
		\$478.00
	Current	Upon renewal
Physician and other health professional services	In-Network	In-Network
Primary doctor/Specialist	\$5/\$20	\$5/\$20
Radiation therapy	\$20	\$20
Emergency room (waived if admitted)	\$50	\$50
Urgent care (waived if admitted)	\$50	\$50
Ambulance	\$25	\$25
More than 20 preventive services	In-Network	In-Network
Flu shots - Part B	Covered in full	Covered in full
Immunizations - Part B (hepatitis/pneumonia)	Covered in full	Covered in full
All other preventive screenings and tests	Covered in full	Covered in full
Hospital, home health care, and skilled services	In-Network	In-Network
Hospital (inpatient)	Covered in full per stay	Covered in full per stay
Outpatient surgery - hospital	\$50	\$50
Outpatient surgery - ambulatory center	\$50	\$50
Home health care	Covered in full	Covered in full
Skilled nursing facility	Covered in full per stay	Covered in full per stay
Dialysis	Covered in full	Covered in full
Mental health/chemical dependence services	In-Network	In-Network
Mental health (inpatient, 190-day lifetime limit)	Covered in full per stay	Covered in full per stay
Mental health (outpatient)	\$40	\$40
Mental health (with psychiatrist)	\$20	\$20
Alcohol substance abuse (inpatient)	Covered in full per stay	Covered in full per stay
Alcohol substance abuse (outpatient)	20%	20%
Laboratory and X-ray services	In-Network	In-Network
Laboratory testing	Covered in full	Covered in full
X-rays	\$20	\$20
Advanced radiology - MRI, MRA, PET, and CT	\$20	\$20
Rehabilitation services	In-Network	In-Network
Physical, occupational, and speech therapy	\$20	\$20
Acupuncture & Massage Therapy	\$500 annual allowance	\$500 annual allowance
Chiropractor	\$20 includes 12 routine visits	\$20 includes 12 routine visits
Cardiac rehab	\$20	\$20
Vision	In-Network	In-Network
Routine vision exam	\$15	\$15
Allowance (lenses and frames)	\$300 annual allowance	\$300 annual allowance

Hearing	In-Network	In-Network
Routine hearing exam - TruHearing™	\$45	\$45
Hearing aid benefit - TruHearing™	\$499 / \$799	\$499 / \$799
Dental	In-Network	In-Network
Dental allowance	\$300 annual allowance	\$300 annual allowance
Supplies, equipment and devices	In-Network	In-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	\$0 compression stockings; 20% all other items
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	\$0 diabetic shoes/inserts; 20% all other items
Diabetic supplies - Part B	Covered in full	Covered in full
Fitness program	In-Network	In-Network
SilverSneakers® ("Steps" program included)	Covered in full	Covered in full
Prescription drugs - Part B	In-Network	In-Network
Immunosuppressive drugs	Covered in full	Covered in full
Oral chemotherapy drugs	Covered in full	Covered in full
Physician administered injectables	Covered in full	Covered in full
Nebulizer inhalation solution	Covered in full	Covered in full
Part B drugs - other	Covered in full	Covered in full
Prescription drugs - Part D	In-Network	In-Network
Prescription drug (Rx)	\$0/\$10/\$20/\$40/\$40	\$0/\$10/\$20/\$40/\$40
Mail order (90-day supply)	Tier 1 - Tier 4; 2 copays for a 90 day supply	2 copays for: Tiers 1-2 100 day supply Tiers 3-4 90 day supply
Coverage gap/donut hole	No coverage gap	No coverage gap
General product information	In-Network	In-Network
In-network out-of-pocket maximum	\$3,000	\$3,000
Combined out-of-pocket maximum	N/A	N/A
RX deductible	N/A	N/A