

	NEW		HMO	
	PPO		Medicare Blue Choice® Extra	Medicare Blue Choice® Select
	Medicare Blue Choice® Discovery			
Monthly Premium	\$34.30		\$0 with a \$26 Part B Refund	\$0
Medical Benefit	IN	OON		
Primary Care Physician (PCP)	\$5	\$20	\$10	\$5
Specialist	\$45	\$50	\$50	\$45
Laboratory Services (Routine/Diagnostic)	\$0/\$5	30%	\$0/\$15	\$0
X-Rays	\$50	\$60	\$55	\$55
Diagnostic Imaging (CAT/MRI/MRA)	\$250	30%	\$300	\$250
Outpatient Hospital/ Ambulatory Surgery/ Observation Stay	\$375	30%	\$400	\$340
Inpatient Hospital Care	\$450/day (Days 1-5)	\$450/day (Days 1-28)	\$475/day (Days 1-5)	\$425/day (Days 1-5)
Ambulance	\$325	\$325	\$275	\$250
Urgent Care (Worldwide)	\$45	\$45	\$45	\$45
Emergency Room (Worldwide)	\$110	\$110	\$110	\$110
Maximum Out-of-Pocket	\$8,900	\$11,700 (IN + OON)	\$9,300	\$8,900
Part D Prescriptions				
30-Day Supply	<i>Tiers 1/2/3/4/5</i>		<i>Tiers 1/2/3/4/5</i>	<i>Tiers 1/2/3/4/5</i>
Preferred Pharmacy	\$0/\$15/\$42/50%/25%		\$0/\$15/\$42/50%/28%	\$0/\$15/\$42/50%/28%
Standard Pharmacy	\$10/\$20/\$47/50%/25%		\$5/\$20/\$47/50%/28%	\$5/\$20/\$47/50%/28%
Deductible	\$590 (Tiers 3-5)		\$400 (Tiers 3-5)	\$380 (Tiers 3-5)

IN = In-network
OON = Out-of-network

HMO-POS					
Medicare Blue Choice® Advanced		Medicare Blue Choice® Value Plus		Medicare Blue Choice® Optimum	
\$37.30		\$72.30		\$200.70	
IN	OON	IN	OON	IN	OON
\$5	30%	\$0	30%	\$0	30%
\$40	30%	\$30	30%	\$30	30%
\$0/\$10	30%	\$0/\$4	30%	\$0	30%
\$50	30%	\$50	30%	\$40	30%
\$250	30%	\$175	30%	\$150	30%
\$350	30%	\$300	30%	\$250	30%
\$400/day (Days 1-5)	30%	\$350/day (Days 1-5)	30%	\$285/day (Days 1-5)	30%
\$275	\$275	\$225	\$225	\$150	\$150
\$45	\$45	\$40	\$40	\$40	\$40
\$110	\$110	\$110	\$110	\$110	\$110
\$8,000	Not Applicable	\$7,200	Not Applicable	\$6,700	Not Applicable
Part D Prescriptions					
<i>Tiers 1/2/3/4/5</i>		<i>Tiers 1/2/3/4/5</i>		<i>Tiers 1/2/3/4/5</i>	
\$0/\$15/\$42/50%/29%		\$0/\$15/\$42/50%/33%		\$0/\$12/\$42/50%/33%	
\$5/\$20/\$47/50%/29%		\$5/\$20/\$47/50%/33%		\$5/\$17/\$47/50%/33%	
\$300 (Tiers 3-5)		No Deductible		No Deductible	

HMO-POS plans provide out-of-network coverage. Members pay 30% out-of-network for these plans. Coverage limit of \$3,000 per year. Out-of-network coverage does not apply to maximum out-of-pocket.