



GROUP NAME:

GROUP NUMBER:

PLAN NAME: Senior Blue 699 (HMO) Plan ES1 TRx (2020)

Physician and other health professional services	In-Network
Primary doctor	\$35
Specialist	\$45
Radiation therapy	\$45
Emergency room (waived if admitted)	\$85
Urgent care (waived if admitted)	\$65
Ambulance	\$200
Telemedicine – Doctor on Demand®	Covered in full

More than 20 preventive services	In-Network
Flu shots – Part B	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full
All other preventive screenings and tests	Covered in full

Hospital, home health care, and skilled services	In-Network
Hospital (inpatient)	\$500 per stay
Observation	\$85
Outpatient surgery – hospital	\$200
Outpatient surgery – ambulatory center	\$175
Home health care	Covered in full
Skilled nursing facility (100 days per benefit period)	\$500 per stay
Dialysis	Covered in full

Mental health / chemical dependence services	In-Network
Mental health (inpatient, 190-day lifetime limit)	\$500 per stay
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$20
Alcohol substance abuse (inpatient)	\$500 per stay
Alcohol substance abuse (outpatient)	20%

Laboratory and X-ray services	In-Network
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Laboratory testing	\$10
X-rays	\$55
Advanced radiology – MRI, MRA, PET, and CT	\$150
Rehabilitation services	In-Network
Physical, occupational, and speech therapy	\$40
Chiropractor	\$20
Cardiac rehab	\$30
Vision	In-Network
Routine vision exam	\$25
Medical vision exam	\$45
Allowance (lenses and frames)	\$200 annual allowance
Hearing	In-Network
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$45
Hearing aid benefit – TruHearing™	\$699/\$999
Dental	In-Network
Dental	\$200 annual allowance
Supplies, equipment, and devices	In-Network
Durable medical equipment	\$0 compression stockings; 20% all other items
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items
Diabetic supplies – Part B	Covered in full
Fitness program	In-Network
SilverSneakers® (“Steps” program included)	Covered in full
Prescription drugs – Part B	In-Network
Immunosuppressive drugs	20%
Oral chemotherapy drugs	20%
Physician administered injectables	20%
Nebulizer inhalation solution	20%
Part B drugs (other)	20%
Prescription drugs – Part D	In-Network
Prescription drug (Rx)	Preferred pharmacies: \$5/\$15/\$30/\$50/\$50 Standard pharmacies: \$10/\$20/\$35/\$55/\$55

Mail order	Tier 1 - Tier 5: 2 copays for a 90 day supply
Shingles vaccine	Preferred pharmacies: \$5 Standard pharmacies: \$10
Coverage gap/donut hole	No coverage gap

General product information	In-Network
In-network out-of-pocket maximum	\$5,000
Combined out-of-pocket maximum	N/A
Prescription deductible	N/A

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