



BETHLEHEM CHAMBER OF COMMERCE

2020 Group Medicare Advantage Plan Options

		BSNENY Forever Blue 799 PPO Value Plan	BSNENY Sr. Blue HMO Essential 699	BSNENY Forever Blue PPO 799 Essential	CDPHP
		In & Out of Network	HMO (In Network ONLY)	In & Out of Network	In & Out of Network
Network Type		N/A = Nonapplicable / INN= In Network / OON = Out of Network / Rx = Medication / par = participating / eqpt = equipment / appd = approved			
Abbreviations use below:					
GENERAL PLAN INFORMATION	Annual Deductible	\$0	\$0	\$0	\$0
	Out of Pocket Max	INN: \$4,000 / OON: \$6,100 Combined	\$5,000	\$5,000	\$3,350
	Co-insurance Split	30% for some services	20% for some services	20% / 30% (depends on service)	depends on service
PHYSICIAN AND OTHER HEALTH PROFESSIONAL SERVICES	Preventive Care	INN: \$0 / OON: 30%	\$0	INN: \$0 / OON: \$45	\$0
	Primary Care Dr Visit	INN: \$25 / OON: 30%	\$35	INN: \$35 / OON: \$35	INN: \$12 / OON: \$24
	Specialist Office Visit	INN: \$40 / OON: 30%	\$45	INN: \$45 / OON: \$45	INN: \$20 / OON: \$40
	Radiation Therapy	INN: \$40 / OON: \$45	\$45	INN: \$45 / OON: \$45	INN: \$20 / OON: \$40
	ER <i>(waived if admitted)</i>	INN: \$75 / OON: \$75	\$70	INN: \$75 / OON: \$75	INN: \$75 / OON: \$75
	Urgent Care <i>(waived if admitted)</i>	INN: \$65 / OON: \$65	\$65	INN: \$65 / OON: \$65	INN: \$30 / OON: \$30
	Ambulance	INN: \$125 / OON: \$125	\$150	INN: \$150 / OON: \$150	INN: \$100 / OON: \$100
	Lab Tests	INN: \$10 / OON: 30%	\$10	INN: \$10 / OON: \$45	INN: \$20 (waived if preferred lab) / OON: \$40
X-Rays / CT, PET, MRI, MRA	INN: \$40/\$80 / OON: 30%	\$45/\$80	INN: \$45/\$80 / OON: \$45/\$80	INN: \$20/\$40 / OON: \$40/\$80	
REHAB SERVICES	Cardiac Rehab	INN: \$10 / OON: 30%	\$30	INN: \$30 / OON: \$45	INN: \$20 / OON: \$40 (up to 72 visits)
	PT / OT / ST	INN: \$10 / OON: 30%	\$40	INN: \$40 / OON: \$45	INN: \$20 / OON: \$40
	Chiropractic Care	INN: \$20 / OON: 30%	\$20	INN: \$20 / OON: \$45	INN: \$20 / OON: \$40
DENTAL	Dental Cleaning Allowance	INN & OON: \$75 Annually	\$75 Annually	INN & OON: \$75 Annually	INN & OON: \$250 Annually
HEARING	Routine Exam / TruHearing	INN: \$45 / OON: \$45	\$45	INN: \$45 / OON: \$45	INN: \$20 / OON: \$40
HOSPITAL AND SKILLED SERVICES	Hospital Inpatient	INN: \$300/stay / OON: 30%	\$500	INN: \$500 per stay / OON: 20%	INN: \$250 2 co-pays/yr. max / OON: \$750
	Outpatient Surgery	INN: \$100 / OON: \$275	\$150	INN: \$150 / OON: \$200	INN: \$125 / OON: \$250
	Home Health Care	INN: \$0 / OON: 30%	\$0	INN: \$0 / OON: \$10	INN: \$125 / OON: \$250
	Skilled Nursing Facility <i>(ALL PLANS: 100 days/year)</i>	INN: \$40/day 1-20, \$0/day 21 + OON: 30%/day	\$500 per stay	INN: \$500 / OON: 20%	INN: \$0 / OON: \$0
	Dialysis	INN: \$0 / OON: 20% or \$0	\$0	INN: \$0 / OON: 20% or \$0	INN: \$20 / OON: \$20
VISION	Allowances <i>(lenses & frames)</i>	\$200 Annually	\$200 Annually	\$200 Annually	\$100 Annually
	Routine Eye Exams	INN: \$25 / OON: 20%	\$25	INN: \$25 / OON: 20%	INN: \$20 / OON: \$40
PRESCRIPTION MEDICATIONS	TruHearing Allowance	\$699/\$999	\$699/\$999	\$699/\$999	\$600 (every 3 yrs)
	Co-pays: Preferred Drugstore	\$5/\$15/\$40/\$90/33%	\$5/\$15/\$30/\$50/\$50	\$5/\$15/\$30/\$50/\$50	INN: \$20 / OON: \$40 (see Rider)
	Standard Pharmacies	\$10/\$20/\$45/\$95/33%	\$10/\$20/\$35/\$55/\$55	\$10/\$20/\$35/\$55/\$55	INN: \$20 / OON: \$40 (see Rider)
	Mail Order Medication	2 co-pays/Rx/90 day supply	2 co-pays/Rx/90 day supply	2 co-pays/Rx/90 day supply	see Rider
EQUIPMENT	DME (Durable Medical Equipment)	INN: \$0 compression stockings; 20% all other DME / OON: 30%	INN: \$0 compression stockings; 20% all other DME	INN: \$0 compression stockings; 20% all other DME / OON: 30%	INN & OON: 20% co-insurance
	Diabetic Supplies Part B	INN: \$0 / OON: 30%	\$0	INN: \$0 / OON: 30%	INN & OON: lessor of \$10 co-pay or 20% co-insurance
PREMIUMS	Monthly Premiums	\$335	\$316	\$406	\$307.20