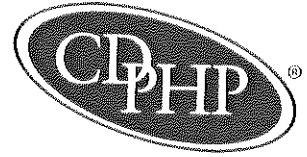


Employer Group 2021 Benefits
 Medicare Advantage PPO \$12/\$20 Summary 200



Group Name: Bethlehem Chamber of Commerce-Medicare
 Group ID#: 20031164

BENEFITS		YOU PAY	
		In-Network	Out-of-Network
Doctor Visits			
Primary care		\$12	\$24
Specialist		\$20	\$40
Telemedicine (live video doctor visits)		Covered in full	Not Covered
Preventive Care			
Annual wellness exam			
Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot		Covered in Full	Covered in Full
Hospital and Outpatient Services			
Inpatient hospital stays Maximum of 2 copayments per plan year.		\$250	\$750
Inpatient mental health care (190 days per lifetime) Maximum of 2 copayments per plan year.		\$250	\$750
Outpatient hospital and ambulatory surgical center- same day surgery & other services		\$125	\$250
Home health services		Covered in full	Covered in full
Emergency Care			
Worldwide emergency room care (waived if admitted)		\$75	
Urgent care		\$30	
Ambulance		\$100	
PRESCRIPTION DRUGS - PART D		YOU PAY	
Rx Rider: 519P Rx Deductible: \$0			
Initial Coverage Stage	Retail Pharmacy (30 day supply)	Mail Order (up to a 90 day supply)	
Tier 1 Preferred generic	\$0	\$0	
Tier 2 Generic	\$10	\$20	
Tier 3 Preferred brand	\$35	\$70	
Tier 4 Non-preferred drugs	\$50	\$100	
Tier 5 Specialty tier	25%	Not Available	
Coverage Gap Stage	If your total drug costs (paid by both you and CDPHP) reach \$4,130, for Tiers 1 and 2 you will pay the cost share listed above. You will pay 25% of the cost for all generic drugs, and 25% of the cost of all Part D brand-name drugs (as defined by CMS) on Tiers 3 through 5.		
Catastrophic Coverage Stage	At \$6,550, you pay the greater of 5% coinsurance or \$3.70 for all generics and multi-source brands and the greater of 5% coinsurance or \$9.20.		
Shingles Vaccine	Tier 3 Preferred brand cost share.		