

**PLAN NAME: BlueCross BlueShield Senior Blue Select (HMO) (2020)**

<b>Physician and other health professional services</b>	<b>In-Network</b>
Primary doctor	\$10
Specialist	\$30
Radiation therapy	20%
Emergency room (waived if admitted)	\$90
Urgent care (waived if admitted)	\$65
Ambulance	\$250
Telemedicine – Doctor on Demand®	Covered in full
<b>More than 20 preventive services</b>	<b>In-Network</b>
Flu shots – Part B	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full
All other preventive screenings and tests	Covered in full
<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>
Hospital (inpatient)	\$290 per day for days 1-7, \$2,030 OOP Max per year
Observation	\$200
Outpatient surgery – hospital	\$400
Outpatient surgery – ambulatory center	\$300
Home health care	Covered in full
Skilled nursing facility (100 days per benefit period)	\$0 per day for days 1-20; \$178.00 per day for days 21-100. No yearly benefit period maximum.
Dialysis	20%
<b>Mental health / chemical dependence services</b>	<b>In-Network</b>
Mental health (inpatient, 190-day lifetime limit)	\$260 per day for days 1-6, \$1,560 OOP Max per year
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$40
Alcohol substance abuse (inpatient)	\$260 per day for days 1-6, \$1,560 OOP Max per year

Alcohol substance abuse (outpatient)	50%
<b>Laboratory and X-ray services</b>	<b>In-Network</b>
Laboratory testing	\$10
X-rays	\$50
Advanced radiology – MRI, MRA, PET, and CT	\$200
<b>Rehabilitation services</b>	<b>In-Network</b>
Physical, occupational, and speech therapy	\$35
Chiropractor	\$20
Cardiac rehab	\$15
<b>Vision</b>	<b>In-Network</b>
Routine vision exam	\$25
Medical vision exam	\$30
Allowance (lenses and frames)	\$100 annual allowance
<b>Hearing</b>	<b>In-Network</b>
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$30
Hearing aid benefit – TruHearing™	\$699/\$999
<b>Dental</b>	<b>In-Network</b>
Dental	Preventive dental (routine cleanings, oral exams & x-rays) \$10 per service
<b>Supplies, equipment, and devices</b>	<b>In-Network</b>
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
<b>Fitness program</b>	<b>In-Network</b>
SilverSneakers® (“Steps” program included)	Covered in full
<b>Prescription drugs – Part B</b>	<b>In-Network</b>
Immunosuppressive drugs	20%
Oral chemotherapy drugs	20%
Physician administered injectables	20%
Nebulizer inhalation solution	20%
Part B drugs (other)	20%
<b>Prescription drugs – Part D</b>	<b>In-Network</b>

Prescription drug (Rx)	Preferred pharmacies: \$2/\$10/\$42/ \$94/29% Standard pharmacies: \$7/\$15/\$47/ \$100/29%
Mail order	Tier 1: \$0 copay for a 90 day supply; Tier 2 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 29% of the cost of the fill up to a 90 day supply. There is only one participating pharmacy for mail order (ESI) so there is no network.
Shingles vaccine	Preferred pharmacies: \$2 Standard pharmacies: \$7
Coverage gap/donut hole	Discounts only
<b>General product information</b>	<b>In-Network</b>
In-network out-of-pocket maximum	\$6,700
Combined out-of-pocket maximum	N/A
Prescription deductible	NON LIS Members: T 1-2: \$0, T3 - T5: \$195 LIS Members Only: LIS 1-3 Members: Tiers 1-5: \$0 LIS 4-7 Members: Tiers 1-2: \$0, Tiers 3-5 :\$89

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