



Plan: Senior Blue 699 (HMO) Plan 4

Monthly premium effective January 1, 2022	Cost
	\$459.00

	Current
<b>Physician and other health professional services</b>	<b>In-Network</b>
Primary doctor/Specialist	\$5/\$20
Radiation therapy	\$20
Emergency room (waived if admitted)	\$50
Urgent care (waived if admitted)	\$50
Ambulance	\$25
<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)	Covered in full per stay
Outpatient surgery - hospital	\$50
Outpatient surgery - ambulatory center	\$50
Home health care	Covered in full
Skilled nursing facility	Covered in full per stay
Dialysis	Covered in full
<b>Mental health/chemical dependence services</b>	<b>In-Network</b>
Mental health (inpatient, 190-day lifetime limit)	Covered in full per stay
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$20
Alcohol substance abuse (inpatient)	Covered in full per stay
Alcohol substance abuse (outpatient)	20%
<b>Laboratory and X-ray services</b>	<b>In-Network</b>
Laboratory testing	Covered in full
X-rays	\$20
Advanced radiology - MRI, MRA, PET, and CT	\$20
<b>Rehabilitation services</b>	<b>In-Network</b>
Physical, occupational, and speech therapy	\$20
Acupuncture & Massage Therapy	\$500 annual allowance
Chiropractor	\$20 includes 12 routine visits
Cardiac rehab	\$20

<b>Vision</b>	<b>In-Network</b>
Routine vision exam	\$15
Allowance (lenses and frames)	\$300 annual allowance
<b>Hearing</b>	<b>In-Network</b>
Routine hearing exam - TruHearing™	\$45
Hearing aid benefit - TruHearing™	\$499 / \$799
<b>Dental</b>	<b>In-Network</b>
Dental allowance	\$300 annual allowance
<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	Covered in full
Oral chemotherapy drugs	Covered in full
Physician administered injectables	Covered in full
Nebulizer inhalation solution	20%
Part B drugs - other	20%
<b>Prescription drugs - Part D</b>	<b>In-Network</b>
Prescription drug (Rx)	\$0/\$10/\$20/\$40/\$40
Mail order (90-day supply)	Tier 1 - Tier 5: 2 copays for a 90 day supply.
Coverage gap/donut hole	No coverage gap
<b>General product information</b>	
In-network out-of-pocket maximum	\$3,000
Combined out-of-pocket maximum	N/A
RX deductible	N/A