

**BETHLEHEM CHAMBER OF COMMERCE**

**2016 GROUP MEDICARE ADVANTAGE PLAN OPTIONS**

	BSNENY	BSNENY	BSNENY	CDPHP
Network Type	Forever Blue PPO Value Plan	Sr. Blue HMO Essential 699	Forever Blue PPO 799 Essential	Medicare Choices PPO
	<b>In &amp; Out of Network</b>	<b>HMO; In Network Only</b>	<b>In &amp; Out of Network</b>	<b>In &amp; Out of Network</b>

**Abbreviations used below:** N/A=Not applicable/ INN=In Network/ OON=Out of network/ Rx=Medication / par=participating / Eqpt=equipment/appd=approved

<b>General Plan Information</b>	Annual Deductible	\$0	\$0	\$0	
	Out of Pocket Max	INN: \$3K /OON:\$5K <i>Combined</i>	\$5,000	\$5,000	\$3,350
	Co-insurance split	30% on some services	20% for some services	20% / 30%; depends on svc	N/A
<b>Physician &amp; Other Health Professional Services</b>	<i>Preventive Care</i>	INN: \$0 / OON: 30%	\$0	INN: \$0 / OON: \$45	INN & OON: \$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: \$40 / OON: \$45	INN \$20 & OON \$40
	ER (waived if admitted)	INN: \$65 / OON: \$65	\$65	INN: \$65 / OON: \$65	INN & OON \$75
	Urgent Care	INN: \$50 / OON: \$50	\$50	INN: \$100 / OON: \$100	INN & OON \$50
	Ambulance	INN: \$100 / OON: \$100	\$100	INN: \$100 / OON: \$100	INN & OON \$100/year
	Lab Tests	INN: \$5 / OON: 30%	\$0	INN: \$0 / OON: \$45	INN \$20 & OON \$40
	X-Rays/CT PET MRI MRA	INN: \$40 / OON: 30%	\$40	INN: \$40 / OON: \$45	INN \$20/\$40 / OON \$40/\$80
	<b>Rehab Services</b>	Cardiac Rehab	INN: \$10 / OON: 30%	\$45	INN: \$45 / OON: \$45
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
<b>Dental</b>	Dental Cleaning	INN & OON: \$75 Annually	\$75 Annually	INN & OON: \$75 Annually	INN & OON \$250 Annually
<b>Hearing</b>	Routine Exam	INN: \$40 / OON: 30%	\$45	INN: \$40 / OON: \$45	INN & OON \$0
<b>Hospital &amp; Skilled Services</b>	Hospital Inpatient	INN: \$300/stay / OON: 30%	\$500	INN: \$150 / OON:\$200	INN: \$250 2/yr max / OON \$750
	OutPatient Surgery	INN: \$100 / OON: \$275	\$150	INN: \$150 / OON: \$200	"Facility" INN \$125 & OON \$250
	Home Health Care	INN: \$10 / OON: 30%	\$0	INN: \$0 / OON:\$10	INN & OON: \$0
	Skilled Nursing Facility ALL Plans: 100 days/yr	INN: \$40/day 1-20, \$0/day 21 + OON: 30% / day	\$500 N/A	INN: \$500 / OON:20% N/A	INN & OON: \$0; 100 days per year
	Dialysis	INN: \$0 / OON: \$0	\$0	INN: \$0 / OON: \$0	INN & OON \$20
<b>Vision</b>	Routine Eye Exams	INN: \$40 / OON: 30%	\$45	INN: \$45 / OON: \$45	INN \$20 & OON \$40
	Lenses & Frames	INN & OON: \$75 Annually	\$75 Annually	\$75 Annually	INN & OON: \$100/year
<b>Prescription Medications</b>	Co-pays (at drugstore)	\$0/\$20/\$40/\$95/\$95	\$5/\$20/\$35/\$55/\$55	INN & OON: \$5/\$20/\$35/\$55/\$55	INN & OON: \$0 / \$10 / \$35 / \$50 / 25% Only Tiers 1 and 2 cov'd thru Gap
	<i>Mail Order Medication</i>	2 co-pays/Rx/90 day supply	2 co-pays/Rx/90 day supply	2 co-pays/Rx/90 day supply	INN & OON \$0/\$10/\$35/\$50/25%
<b>Equipment</b>	DME	INN: 0% / OON: 0%	0%	INN: 0% / OON: 0%	INN & OON: 20%
	Diabetic Supplies	INN: 0% / OON: 0%	0%	INN: 0% / OON: 0%	INN & OON: lessor of 20% or \$10
<b>Premiums</b>	<b>Monthly Premiums</b>	<b>\$252.00</b>	<b>\$224.00</b>	<b>\$312.00</b>	<b>\$261.90</b>

**CDPHP Qualifications: subscriber must be retired, must have at least 1 psn insured in a commercial plan & sole proprietors excluded**

