

BETHLEHEM CHAMBER OF COMMERCE

2018 GROUP MEDICARE ADVANTAGE PLAN OPTIONS

		BSNENY	BSNENY	BSNENY	CDPHP
		Forever Blue PPO Value Plan	Sr. Blue HMO Essential 699	Forever Blue PPO 799 Essential	Medicare Choices PPO
Network Type		In & Out of Network	HMO; In Network Only	In & Out of Network	In & Out of Network
Abbreviations used below: N/A=Not applicable/ INN=In Network/ OON=Out of network/ Rx=Medication / par=participating / Eqpt=equipment/appd=approved					
General Plan Information	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
Physician & Other Health Professional Services	<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: \$45 / OON: \$45	INN \$20 & OON \$40
	ER (waived if admitted)	INN: \$75 / OON: \$75	\$70	INN: \$75 / OON: \$75	INN & OON \$75
	Urgent Care (waived if admitted)	INN: \$65/ OON: \$65	\$65	INN: \$65 / OON: \$65	INN & OON \$50
	Ambulance	INN: \$125 / OON: 125	\$150	INN: \$150 / OON: \$150	INN & OON \$100/year
Rehab Services	Lab Tests	INN: \$10 / OON: 30%	\$10	INN: \$10 / OON: \$45	INN \$20 & OON \$40
	X-Rays/CT PET MRI MRA	INN: \$40-\$80 OON: 30%	INN: \$45-\$80/OON:\$80	INN: \$45 /\$80 OON: \$45/\$80	INN \$20/\$40 / OON \$40/\$80
Dental	Cardiac Rehab	INN: \$10 / OON: 30%	\$45	INN: \$45 / 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
Hearing	Dental Cleaning allowance	INN & OON: \$75 Annually	\$75 Annually	INN & OON: \$75 Annually	INN & OON \$250 Annually
Hospital & Skilled Services	Routine Exam - / TruHearing	INN: \$45 / OON: \$45	\$45	INN: \$45 / OON: \$45	INN & OON \$0
	Hospital Inpatient	INN: \$300/stay / OON: 30%	\$500	INN: \$500 per stay / OON: 20%	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: \$0 / 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 per stay N/A	INN: \$500 / OON:20% N/A	INN & OON: \$0; 100 days per year /A
Vision	Dialysis	INN: \$0 / OON: 20% or \$0	INN: \$0 / OON: \$0	INN: \$0 / OON: 20% or \$0	INN & OON \$20
	Medical Vision Exam	INN: \$40/ OON: 30%	\$45	INN: \$45 / OON: \$45	
Prescription Medications	Routine Eye Exams	INN: \$25 / OON: 20%	\$25	INN: \$25 / OON: 20%	INN \$20 & OON \$40
	Lenses & Frames	INN & OON: \$75 Annually	\$75 Annually allowance	\$75 Annually	INN & OON: \$100/year
	Co-pays preferred (at drugstore)	\$5/\$15/\$40/\$90/33%	\$5/\$15/\$30/\$50/\$50	INN & OON: \$5/\$15/\$30/\$50/\$50	INN & OON: \$0 / \$10 / \$35 / \$50 / 25%
Equipment	Standard pharmacies	\$10/\$20/\$45/\$95/33%	\$10/\$20/\$35/\$55/\$55	\$10/\$20/\$35/\$55/\$55	Only Tiers 1 and 2 cov'd thru Gap INN & OON \$0/\$10/\$35/\$50/25%
	<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	
Premiums		INN: 0% compression stockings all other 20%/ OON: 30%	INN: 0% compression stockings all other 20%/ OON: 30%	INN: 0% compression stockings all other 20%/ OON: 30%	INN & OON: 20%
	DME				
	Diabetic Supplies part B	INN: 0% / OON: 30%	0%	INN: 0% / OON: 30%	INN & OON: lessor of 20% or \$10
<b>Monthly Premiums</b>		<b>\$259.00</b>	<b>\$248.00</b>	<b>\$346.00</b>	<b>\$301.30</b>

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