



BETHLEHEM CHAMBER OF COMMERCE

2019 Group Medicare Advantage Plan Options

		BSNENY Forever Blue PPO Value Plan	BSNENY Sr. Blue HMO Essential 699	BSNENY Forever Blue PPO 799 Essential	CDPHP
		In & Out of Network	HMO (In Network ONLY)	In & Out of Network	In & Out of Network
Network Type		N/A = Nonapplicable / INN= In Network / OON = Out of Network / Rx = Medication / par = participating / eqpt = equipment / appd = approved			
Abbreviations use below:					
GENERAL PLAN INFORMATION	Annual Deductible	\$0	\$0	\$0	\$0
	Out of Pocket Max	INN: \$4,000 / OON: \$6,100 Combined	\$5,000	\$5,000	\$3,350
	Co-insurance Split	30% for some services	20% for some services	20% / 30% (depends on service)	depends on service
PHYSICIAN AND OTHER HEALTH PROFESSIONAL SERVICES	Preventive Care	INN: \$0 / OON: 30%	\$0	INN: \$0 / OON: \$45	\$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 <i>(waived if admitted)</i>	INN: \$75 / OON: \$75	\$70	INN: \$75 / OON: \$75	INN: \$75 / OON: \$75
	Urgent Care <i>(waived if admitted)</i>	INN: \$65 / OON: \$65	\$65	INN: \$65 / OON: \$65	INN: \$30 / OON: \$30
	Ambulance	INN: \$125 / OON: \$125	\$150	INN: \$150 / OON: \$150	INN: \$100 / OON: \$100
	Lab Tests	INN: \$10 / OON: 30%	\$10	INN: \$10 / OON: \$45	INN: \$20 (waived if preferred lab) / OON: \$40
X-Rays / CT, PET, MRI, MRA	INN: \$40/\$80 / OON: 30%	\$45/\$80	INN: \$45/\$80 / OON: \$45/\$80	INN: \$20/\$40 / OON: \$40/\$80	
REHAB SERVICES	Cardiac Rehab	INN: \$10 / OON: 30%	\$30	INN: \$30 / 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
DENTAL	Dental Cleaning Allowance	INN & OON: \$75 Annually	\$75 Annually	INN & OON: \$75 Annually	INN & OON: \$250 Annually
HEARING	Routine Exam / TruHearing	INN: \$45 / OON: \$45	\$45	INN: \$45 / OON: \$45	INN: \$20 / OON: \$40
HOSPITAL AND SKILLED SERVICES	Hospital Inpatient	INN: \$300/stay / OON: 30%	\$500	INN: \$500 per stay / OON: 20%	INN: \$250 2 co-pays/yr. max / OON: \$750
	Outpatient Surgery	INN: \$100 / OON: \$275	\$150	INN: \$150 / OON: \$200	INN: \$125 / OON: \$250
	Home Health Care	INN: \$0 / OON: 30%	\$0	INN: \$0 / OON: \$10	INN: \$125 / OON: \$250
	Skilled Nursing Facility <i>(ALL PLANS: 100 days/year)</i>	INN: \$40/day 1-20, \$0/day 21 + OON: 30%/day	\$500 per stay	INN: \$500 / OON: 20%	INN: \$0 / OON: \$0
	Dialysis	INN: \$0 / OON: 20% or \$0	\$0	INN: \$0 / OON: 20% or \$0	INN: \$20 / OON: \$20
VISION	Allowances <i>(lenses & frames)</i>	\$200 Annually	\$200 Annually	\$200 Annually	\$100 Annually
	Routine Eye Exams	INN: \$25 / OON: 20%	\$25	INN: \$25 / OON: 20%	INN: \$20 / OON: \$40
PRESCRIPTION MEDICATIONS	TruHearing Allowance	\$699/\$999	\$699/\$999	\$699/\$999	\$600 (every 3 yrs)
	Co-pays: Preferred Drugstore	\$5/\$15/\$40/\$90/33%	\$5/\$15/\$30/\$50/\$50	\$5/\$15/\$30/\$50/\$50	INN: \$20 / OON: \$40 (see Rider)
	Standard Pharmacies	\$10/\$20/\$45/\$95/33%	\$10/\$20/\$35/\$55/\$55	\$10/\$20/\$35/\$55/\$55	INN: \$20 / OON: \$40 (see Rider)
	Mail Order Medication	2 co-pays/Rx/90 day supply	2 co-pays/Rx/90 day supply	2 co-pays/Rx/90 day supply	see Rider
EQUIPMENT	DME (Durable Medical Equipment)	INN: \$0 compression stockings; 20% all other DME / OON: 30%	INN: \$0 compression stockings; 20% all other DME	INN: \$0 compression stockings; 20% all other DME / OON: 30%	INN & OON: 20% co-insurance
	Diabetic Supplies Part B	INN: \$0 / OON: 30%	\$0	INN: \$0 / OON: 30%	INN & OON: lessor of \$10 co-pay or 20% co-insurance
PREMIUMS	Monthly Premiums	\$307	\$273	\$370	\$307.20