

2027 Plan Benefits At-a-Glance	 Medical and Prescription Drug Benefits			
	BlueCHiP for Medicare Essential (HMO-POS)	BlueCHiP for Medicare Enhanced (HMO-POS)	BlueCHiP for Medicare Extra (HMO-POS)	BlueCHiP for Medicare Core (HMO)
Benefit				
Monthly plan premium	\$0	\$39	\$159	\$0
Medical deductible	\$0	\$0	\$0	\$0
Office Visits				
PCP office visits	\$0	\$0	\$0	\$0
Routine vision & hearing exam				
Preventive services				
Specialist office visits	\$0-\$50	\$0-\$40	\$0-\$35	\$0-\$30
Phys./speech/occup. therapy				
Chiropractic office visits	\$15	\$15	\$15	\$15
Nutrition counseling	\$0	\$0	\$0	\$0
Inpatient/Outpatient Services				
Inpatient medical hospitalization	\$458/day; days 1-6	\$400/day; days 1-6	\$325/day; days 1-6	\$275/day; days 1-6
Skilled nursing facility (SNF)	\$10/day; days 1-20 \$218/day; days 21-100	\$10/day; days 1-20 \$218/day; days 21-45 \$0/day; days 46-100	\$0/day; days 1-20 \$218/day; days 21-45 \$0/day; days 46-100	\$0/day; days 1-20 \$218/day; days 21-45 \$0/day; days 46-100
Outpatient surgery (ASC)	\$0-\$450	\$0-\$350	\$0-\$300	\$0-\$200
Outpatient surgery (hospital)	\$0-\$550	\$0-\$450	\$0-\$400	\$0-\$250
Lab services	\$0	\$0	\$0	\$0
Diagnostic tests & X-rays	Diagnostic tests: \$50 X-rays: \$25	Diagnostic tests: \$50 X-rays: \$25	Diagnostic tests: \$50 X-rays: \$25	Diagnostic tests: \$50 X-rays: \$25
High-tech radiology services (like MRI & CT scans)	\$0-\$250	\$0-\$200	\$0-\$175	\$0-\$150
Urgent care	\$50	\$50	\$50	\$50
Emergency room	\$130	\$130	\$130	\$130
Ambulance	\$200	\$200	\$200	\$200
Out-of-pocket maximum (in-network)	\$6,750	\$6,750	\$6,000	\$5,000
Out-of-pocket maximum (out-of-network)	\$15,000	\$10,000	\$7,500	Not covered
Part D Prescription Drugs				
Pharmacy deductible	\$500	\$500	\$450	Not covered
Tier 1 (preferred generic)	\$0	\$0	\$0	
Tier 2 (generic)				
Tier 3 (preferred brand)	25% after deductible	25% after deductible	25% after deductible	
Tier 4 (non-preferred drug)	30% after deductible	30% after deductible	30% after deductible	
Tier 5 (specialty)	28% after deductible	28% after deductible	28% after deductible	
Covered insulins	Up to \$35	Up to \$35	Up to \$35	
Preferred mail order pharmacy	\$0 for Tiers 1&2	\$0 for Tiers 1&2	\$0 for Tiers 1&2	

	 Additional Wellness Benefits			
	BlueCHiP for Medicare Essential (HMO-POS)	BlueCHiP for Medicare Enhanced (HMO-POS)	BlueCHiP for Medicare Extra (HMO-POS)	BlueCHiP for Medicare Core (HMO)
OTC allowance 	Not covered	Get \$25/quarter	Get \$40/quarter	Get \$50/quarter
Eyewear allowance	Get \$100/year	Get \$200/year	Get \$300/year	Get \$150/year
Hearing aids	Costs \$300-\$1,775	Costs \$300-\$1,775	Costs \$200-\$1,675	Costs \$300-\$1,775
Fitness center membership	Costs \$0-\$40/month	Costs \$0-\$20/month	Costs \$0	Costs \$0-\$40/month

	 Dental Benefits			
Benefit	BlueCHiP for Medicare Essential (HMO-POS)	BlueCHiP for Medicare Enhanced (HMO-POS)	BlueCHiP for Medicare Extra (HMO-POS)	BlueCHiP for Medicare Core (HMO)
Annual benefit maximum	\$500	\$2,000	\$2,500	\$1,500
Preventive Services				
Annual exam (1 per year)	\$0	\$0	\$0	\$0
Cleanings (2 per year)				
Fluoride treatment (1 per year)				
Dental X-rays (1 time per year)				
Comprehensive Services				
Fillings	Not covered	\$0	\$0	\$0
Root canals & oral surgery				
Periodontics				
Simple extractions				
Palliative treatment				
Denture repairs				
Major Restorative Services				
Crowns & onlays	Not covered	Not covered	50%	Not covered