



Plan Options At-a-Glance	Medical and Prescription Drug Plans			
	BlueCHIP for Medicare Value (HMO-POS)	HealthMate for Medicare (PPO)		BlueCHIP for Medicare Extra (HMO-POS)
Benefit Features		In-Network	Out-of-Network	
Monthly plan premium	\$0	\$110		\$99
Medical deductible	\$0	\$0		\$0
Office Visits		In-Network	Out-of-Network	
PCP office visits	\$0 PCMH or \$35 non-PCMH	\$0 PCMH or \$10 non-PCMH	\$25	\$0 PCMH or \$10 non-PCMH
Virtual office visits (telemedicine)	\$0	\$0	\$0	\$0
Routine vision and hearing	\$0	\$0	\$50	\$0
Specialist office visits	\$30	\$25	\$50	\$25
Chiropractic office visits	\$20	\$20	\$40	\$20
Transportation benefit	\$0	\$0	50%	\$0
Inpatient/Outpatient Services		In-Network	Out-of-Network	
Inpatient medical hospitalization	\$365 per day; days 1-5	\$275 per day; days 1-5	20% days 1-90	\$275 per day; days 1-5
Skilled nursing facility	\$0 days 1-20; \$160 days 21-45; \$0 days 46-100	\$0 days 1-20; \$130 days 21-45; \$0 days 46-100	20% days 1-100	\$0 days 1-20; \$135 days 21-45; \$0 days 46-100
Meal delivery benefit	\$0	\$0		\$0
Outpatient surgery	Up to \$300	Up to \$250	Up to \$500	Up to \$250
Lab services	\$0	\$0	\$10	\$0
Diagnostic tests and X-rays	\$0	\$0	\$10	\$0
High tech radiology services (MRIs, CAT scans, etc.)	\$150	\$100	\$200	\$125
Emergency room	\$90	\$90		\$90
Ambulance	\$150	\$150		\$150
Out-of-pocket maximum	\$5,000	\$4,000 (combined for in- and out-of-network)		\$4,125
Part D Prescription Drugs		In- and Out-of-Network		
Pharmacy deductible	\$0	\$0		\$0
Pharmacy network	Preferred/Standard	Open		Preferred/Standard
Tier 1 (preferred generic)	\$0 / \$8	\$0		\$0 / \$8
Tier 2 (generic)	\$0 / \$16	\$0		\$4 / \$12
Tier 3 (preferred brand)	\$47 / \$47	\$47		\$47 / \$47
Tier 4 (non-preferred brand)	\$100 / \$100	\$100		\$100 / \$100
Tier 5 (specialty)	33% / 33%	33%		33% / 33%
Mail order	\$0 for Tiers 1&2	\$0 for Tiers 1&2		\$0 for Tiers 1&2



Benefit Features	Additional Benefits (continued)			
	BlueCHIP for Medicare Value (HMO-POS)	HealthMate for Medicare (PPO)		BlueCHIP for Medicare Extra (HMO-POS)
		In-Network	Out-of-Network	
Out-of-network benefit	✓	✓		✓
Preventive services	✓	✓		✓
Nutritional counseling	✓	✓		✓
Benefit		In-Network	Out-of-Network	
Gym membership	\$0	\$0		\$0
Max Buzz™ fitness tracker	\$0	\$0		\$0
Wellness reimbursement	Get \$200/year	Get \$200/year		Get \$200/year
Over-the-counter (OTC) 	Get \$60/quarter	Get \$100/quarter		Get \$100/quarter
Vision hardware allowance	Get \$150/year	Get \$200/year		Get \$150/year
Hearing aids	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear	50% up to \$300 per ear	Costs \$200-\$1,675 per ear
Acupuncture visit	Costs \$15	Costs \$15	Costs \$40	Costs \$15

Benefit Features	DENTAL BENEFITS			
	BlueCHIP for Medicare Value (HMO-POS)	HealthMate for Medicare (PPO)		BlueCHIP for Medicare Extra (HMO-POS)
		In-Network	Out-of-Network	
Premium	Built-in	Built-in		Built-in
Annual benefit maximum	\$1,000	\$2,000		\$1,500
Preventive Services		In-Network	Out-of-Network	
• Annual exam	\$0	\$0	50%	\$0
• Cleanings	\$0	\$0	50%	\$0
X-Rays		In-Network	Out-of-Network	
• Bitewing X-rays	\$0	\$0	50%	\$0
• Full mouth set	\$0	\$0	50%	\$0
• Individual X-rays	\$0	\$0	50%	\$0
Comprehensive Services		In-Network	Out-of-Network	
• Fillings • Palliative treatment • Simple extractions • Denture repairs	50%	\$0	50%	\$0
• Root canals and oral surgery	--	\$0	50%	\$0
Major Restorative Services		In-Network	Out-of-Network	
• Crowns & onlays • Periodontal services	--	\$0	50%	--

Benefits continued

Plan Options At-a-Glance	 Medical and Prescription Drug Plans				Good option for Veterans*
	Benefit Features	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)	BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)
Monthly plan premium	\$0	\$61	\$161	\$266	\$0
Medical deductible	\$0	\$0	\$0	\$0	\$0
Office Visits					
PCP office visits	\$0	\$0 PCMH or \$20 non-PCMH	\$0 PCMH or \$5 non-PCMH	\$0 PCMH or \$5 non-PCMH	\$0 PCMH or \$5 non-PCMH
Virtual office visits (telemedicine)	\$0	\$0	\$0	\$0	\$0
Routine vision and hearing	\$0	\$0	\$0	\$0	\$0
Specialist office visits	\$35	\$35	\$25	\$25	\$25
Chiropractic office visits	\$20	\$20	\$20	\$20	\$20
Transportation benefit	\$0	\$0	\$0	\$0	\$0
Inpatient/Outpatient Services					
Inpatient medical hospitalization	\$375 per day; days 1-5	\$290 per day; days 1-5	\$190 per day; days 1-5	\$180 per day; days 1-5	\$180 per day; days 1-5
Skilled nursing facility	\$0 days 1-20; \$160 days 21-45; \$0 days 46-100	\$0 days 1-20; \$140 days 21-45; \$0 days 46-100	\$0 days 1-20; \$135 days 21-45; \$0 days 46-100	\$0 days 1-20; \$130 days 21-45; \$0 days 46-100	\$0 days 1-20; \$130 days 21-45; \$0 days 46-100
Meal delivery benefit	\$0	\$0	\$0	\$0	\$0
Outpatient surgery	Up to \$350	Up to \$275	Up to \$150	Up to \$150	Up to \$150
Lab services	\$5	\$5	\$0	\$0	\$0
Diagnostic tests and X-rays	\$5	\$5	\$0	\$0	\$0
High tech radiology services (MRIs, CAT scans, etc.)	\$200	\$125	\$150	\$150	\$150
Emergency room	\$90	\$90	\$75	\$75	\$90
Ambulance	\$150	\$150	\$75	\$75	\$150
Out-of-pocket maximum	\$5,000	\$4,500	\$2,800	\$2,250	\$3,500
Part D Prescription Drugs					
Pharmacy deductible	\$200	\$100	\$0	\$0	Not covered
Pharmacy network	Preferred/Standard	Preferred/Standard	Preferred/Standard	Preferred/Standard	
Tier 1 (preferred generic)	\$2 / \$10	\$1 / \$9	\$3 / \$11	\$3 / \$11	
Tier 2 (generic)	\$9 / \$17	\$8 / \$16	\$6 / \$14	\$6 / \$14	
Tier 3 (preferred brand)	\$47 / \$47	\$47 / \$47	\$47 / \$47	\$47 / \$47	
Tier 4 (non-preferred brand)	\$100 / \$100	\$100 / \$100	\$100 / \$100	\$100 / \$100	
Tier 5 (specialty)	29% / 29%	31% / 31%	33% / 33%	33% / 33%	
Mail order	\$0 for Tiers 1&2	\$0 for Tiers 1&2	\$0 for Tiers 1&2	\$0 for Tiers 1&2	

*Consider this plan if you are opting out of prescription drug coverage or get it through another source.

Benefit Features	Additional Benefits (continued)				Good option for Veterans*
	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)	BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)
Out-of-network benefit	--	--	--	✓	--
Preventive services	✓	✓	✓	✓	✓
Nutritional counseling	✓	✓	✓	✓	✓
Benefit					
Gym membership	\$0	\$0	\$0	\$0	\$0
Max Buzz™ fitness tracker	--	--	--	--	--
Wellness reimbursement	--	--	--	--	--
Over-the-counter (OTC) 	Get \$25/quarter	Get \$75/quarter	Get \$100/quarter	Get \$100/quarter	Get \$50/quarter
Vision hardware allowance	Get \$100/year	Get \$125/year	Get \$150/year	Get \$200/year	Get \$150/year
Hearing aids	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear
Acupuncture visit	--	--	--	--	--
Benefit Features	Dental Rider Coverage	 DENTAL BENEFITS			Dental Rider Coverage
	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)	BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)
Premium	\$19.60	Built-In	Built-In	Built-In	\$19.60
Annual benefit maximum	\$1,000	\$1,500	\$1,500	\$1,500	\$1,000
Preventive Services					
• Annual exam	\$0	\$0	\$0	\$0	\$0
• Cleanings	\$0	\$0	\$0	\$0	\$0
X-Rays					
• Bitewing X-rays	\$0	\$0	\$0	\$0	\$0
• Full mouth set	\$0	\$0	\$0	\$0	\$0
• Individual X-rays	\$0	\$0	\$0	\$0	\$0
Comprehensive Services					
• Fillings • Palliative treatment • Simple extractions • Denture repairs	50%	20%	\$0	\$0	50%
• Root canals and oral surgery	--	20%	\$0	\$0	--
Major Restorative Services					
• Crowns & onlays • Periodontal services	--	--	--	--	--