

## 2021 Medicare Blue Choice Schedule of Benefits

<b>Benefit</b>	
Office visit copay, Primary Care Physician (PCP)	\$5 copay
Office visit copay, Specialist	\$20 copay
Annual deductible	None
Annual out-of-pocket maximum	\$3,400 in network
<b>Office or Outpatient Hospital Based Services</b>	
Primary Care Physician	\$5 copay
Specialist	\$20 copay
Adult routine physical exams	Covered in full
Adult immunizations	Covered in full
Routine mammography	Covered in full
Routine Pap smear/Pelvic exams	Covered in full
Prostate cancer screening	Covered in full
Diagnostic imaging (X-rays, EKG/EEG, CAT scans, MRI, MRA)	\$20 copay
Diagnostic laboratory and pathology	Covered in full
Outpatient Surgery	\$50 copay
Chiropractic care	\$5 copay
Kidney Dialysis	Covered in full
<b>Emergency Services</b>	
Emergency Room	\$50 copay per visit (Copay waived if admitted inpatient)
Freestanding urgent care center	\$50 copay
Ambulance (Medically necessary ground and air ambulance transportation)	\$35 copay
<b>Inpatient Hospital</b>	
Inpatient Hospital Services	Covered in full
Surgery	Covered in full
Anesthesia	Covered in full
<b>Mental Health and Chemical Dependence</b>	
Inpatient mental health care	Covered in full
Outpatient mental health care	20% coinsurance
Inpatient chemical dependence care	Covered in full (includes detox and rehab)
Outpatient chemical dependence care	20% coinsurance

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<b>Benefit</b>	
<b>Prescription Drugs</b>	
<b>Retail 30-day supply</b>	\$10 copay tier 1/\$25 copay tier 2/\$40 copay tier 3
<b>Mail-order 90-day supply</b>	\$20 copay tier 1/\$50 copay tier 2/\$80 copay tier 3
<b>Medicare part B drugs including part B covered chemotherapy drugs</b>	Covered at 80%
<b>Other Services</b>	
<b>Home care</b>	Covered in full
<b>Outpatient therapy – Physical, Speech and Occupational</b>	\$20 copay
<b>Acupuncture</b>	50% coinsurance for 20 visits with a diagnosis of chronic low back pain, 10 visits for all other diagnosis
<b>Durable medical equipment &amp; medical supplies</b>	Covered at 80%