



# 2025 Medicare Advantage Plans

Monthly premiums as low as **\$0** and a Medicare **Part B premium reduction** benefit! **More coverage, more benefits, and more opportunities for healthy living - but with less hassle.**



Capital Blue Cross  
Medicare

Capital Blue Cross is an Independent Licensee  
of the Blue Cross Blue Shield Association.

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# More options. Less settling.

For more than 85 years, Capital Blue Cross has been improving the health and well-being of our members and the communities we serve. We're proud of our long-standing reputation for exceptional customer service and easy access to high-quality healthcare. Rooted in Central Pennsylvania and the Lehigh Valley, backed by national strength, we go the extra mile for you.

That's why you can trust Capital Blue Cross Medicare. You'll get more of what you want and less of what you don't. **More coverage, more benefits, more opportunities for healthy living — but with less hassle.**



### More coverage

- Monthly premiums as low as \$0.
- \$0 medical deductibles.
- PCP visits as low as \$0 copay.
- \$0 copay for in-network lab services.
- Prescription drug copays as low as \$0.
- \$0 copay for virtual care visits.



### More benefits

- Annual allowance for dental and vision.
- Hearing aid copay options.
- Quarterly allowance for over-the-counter (OTC) drugs and supplies.
- National network for PPO members.
- Local member support.
- Medicare Part B premium reduction options.

Call **800.990.4201 (TTY: 711)** to review your Medicare options and learn how you can get more coverage with less hassle.

## More opportunities for healthy living

- \$0 copay for annual routine physical exam and Medicare-covered preventive services.
- No-cost fitness program featuring a wide range of in-person and digital experiences.
- Health education sessions with a certified coach.
- Member rewards program for completing health and wellness activities.
- No-cost diabetes prevention, management, and reversal programs.
- Blue365<sup>®\*</sup> program offers savings on personal care items, nutrition, and fitness.

## Part B premium reduction benefit

Plan options are available that can help you lower your monthly Medicare Part B premium. For example, you can save \$336 in 2025 in Part B premium on the Capital Blue Cross Value (PPO).

## Benefit highlights

### Travel

PPO members enjoy added peace of mind with the same level of coverage and protection nationwide from any participating Blue Cross Blue Shield Medicare Advantage PPO provider. Call **800.810.BLUE** or go to **BCBS.com** to find participating providers outside of Capital's service area.

### Fitness

Our fitness program provides members with access to thousands of fitness centers across the country, as well as in-person group classes, online workouts, and online meal planning. Each month, members will receive 34 credits to pay for health and fitness courses offered by FitOn Health. Monthly credits provide more flexibility. For example, you may decide to use 20 credits each month to cover a monthly membership at a local gym and use your credit balance to take some yoga classes at a local yoga studio. Sign up at **FitOnHealth.com/register**.

### Over-the-counter allowance

Every quarter, members receive an over-the-counter (OTC) benefit allowance to purchase nonprescription health and wellness products. Choose home delivery by ordering online, by phone, or by mail. You can also shop at a network retailer using your My Flex Benefit Card. You'll automatically receive your card in the mail when you enroll. It's easy to use – just swipe it at participating retailers when you pay and your purchase amount will be deducted from your available allowance. For a list of network retailers, go to **MyFlexBenefitCard.com** or call **855.643.8330**.



# What do you know about Medicare?

## Original Medicare

Original Medicare consists of Part A and Part B. Original Medicare covers only about 80 percent of your medical expenses and doesn't include prescription drug coverage.



### Part A is hospital coverage.

Part A helps cover inpatient hospital care, critical access hospitals, and skilled nursing facilities.



### Part B is medical coverage.

Part B helps cover medical services like doctors' services and outpatient care.

## The other parts of Medicare



### Part C is also known as Medicare Advantage.

Part C is provided by Medicare Advantage plans like Capital Blue Cross and includes all of Part A and Part B, as well as extra benefits like dental, vision, and hearing.



### Part D is prescription drug coverage.

Part D is designed to help lower your prescription drug costs. Part D is available in standalone plans or may be included with a Medicare Advantage plan.

# Medicare Advantage plans for every budget



## How does a Medicare Advantage plan work?

Also known as Medicare Part C, Medicare Advantage plans offered through private insurers like Capital Blue Cross provide members with Medicare Part A and Part B coverage, plus extra benefits that Original Medicare does not provide.

Unlike Original Medicare, Capital Blue Cross Medicare Advantage is a comprehensive plan that covers hospital, medical, and prescription drug expenses. It's an easy-to-use plan that gives you all your coverage in one place.

## How do HMO and PPO plans differ?

With a Health Maintenance Organization (HMO) plan, your Primary Care Physician (PCP) acts as a gatekeeper and advocate for your care. You don't need referrals, but you must use providers that participate in the plan's provider network.

With a Preferred Provider Organization (PPO) plan, you have the freedom to see the doctors you choose, also without the need for referrals. Plus, you have access to one of the largest networks of hospitals, physicians, and medical professionals in central Pennsylvania and the Lehigh Valley – with a national network that has you covered when you're away from home.

## Who is eligible?

1. You must have both Medicare Part A and Part B.
2. You must be a permanent resident of one of the following counties: Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, or York.
3. Not all plans are available in all counties. Use the plan preview page to see the plans available in your area.

## Choose from a broad range of Medicare Advantage plans with prescription drug coverage:

- Capital Blue Cross Value (PPO).
- Capital Blue Cross Select (PPO).
- Capital Blue Cross Enhanced (PPO).
- Capital Blue Cross Complete (PPO).
- Capital Blue Cross Classic (PPO).
- Capital Blue Cross Essential (HMO).
- BlueJourney Prime (PPO).
- BlueJourney Value (HMO).
- BlueJourney Premier (HMO).

If you need help finding the plan that best fits your personal situation, call us at **800.990.4201 (TTY: 711)**.



# Capital Blue Cross PPO and HMO Plans

	Value PPO	Select PPO	Enhanced PPO	Complete PPO	Classic PPO	Essential HMO
	Region 1	Region 1 & 2	Region 1	Region 1	Region 1 & 2	Region 1 & 2
<b>Monthly premium</b>	<b>\$0</b>	<b>\$0</b>	<b>\$26/\$27*</b>	<b>\$43</b>	<b>\$66</b>	<b>\$0</b>
Part B premium reduction	\$28	Not applicable				\$2
Medical deductible	\$0					
Maximum out-of-pocket	\$9,000	\$7,000	\$6,200	\$6,000	\$6,700	\$6,000
Primary care doctor visit	\$0 copay					
Specialist care doctor visit	\$40 copay	\$30 copay	\$20 copay	\$15 copay	\$25 copay	\$25 copay

	Preferred pharmacy – 30-day supply					
Deductible	\$200 applies to tiers 3-5	\$150 applies to tier 4-5	No deductible	No deductible	\$250 applies to tiers 3-5	
Tier 1: Preferred generic	\$0 copay					
Tier 2: Generic	\$5 copay	\$5 copay	\$0 copay	\$0 copay	\$5 copay	\$0 copay
Tier 3: Preferred brand	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$47 copay	20% coinsurance
Tier 4: Non-preferred	50% coinsurance	50% coinsurance	50% coinsurance	45% coinsurance	38% coinsurance	50% coinsurance
Tier 5: Specialty	28% coinsurance	28% coinsurance	31% coinsurance	33% coinsurance	33% coinsurance	30% coinsurance
Insulin	\$35 copay					

## Tips for selecting your plan:

- Consider your personal budget and the monthly premium amounts. Remember — in addition to the plan premium, you must continue to pay your Medicare Part B premium.
- Make sure your doctors and health care providers are in the network.
- Be aware of your cost share for each type of provider you may need to visit.
- Remember that the maximum out-of-pocket amount is the most that you will pay out-of-pocket for covered medical services.

Not all plans are available in all areas. Use the plan preview above to determine the plans that are available in your area.

**Region 1** includes Berks, Centre, Columbia, Dauphin, Juniata, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, and Union counties.

**Region 2** includes Adams, Cumberland, Franklin, Fulton, Lancaster, Lebanon, and York counties.

This is not a complete list of benefits. For more details, refer to the Summary of Benefits. For a complete description of plan benefits, exclusions, limitations, and conditions of coverage, see the Evidence of Coverage.



# BlueJourney PPO and HMO Plans

	Prime PPO	Value HMO	Premier HMO
	Region 1 & 2	Region 1 & 2	Region 1 & 2
<b>Monthly premium</b>	<b>\$168</b>	<b>\$53</b>	<b>\$84</b>
Part B premium reduction	Not applicable		
Medical deductible	\$0		
Maximum out-of-pocket	\$6,000	\$6,000	\$4,700
Primary care doctor visit	\$5 copay		
Specialist care doctor visit	\$25 copay	\$25 copay	\$20 copay

Preferred pharmacy – 30-day supply			
Deductible	No deductible		
Tier 1: Preferred generic	\$0 copay		
Tier 2: Generic	\$5 copay	\$0 copay	\$0 copay
Tier 3: Preferred brand	\$47 copay	\$47 copay	\$47 copay
Tier 4: Non-preferred	\$100 copay	36% coinsurance	\$100 copay
Tier 5: Specialty	33% coinsurance	33% coinsurance	33% coinsurance
Insulin	\$35 copay		

## Tips for selecting your plan:

- Make sure your medications are part of the drug formulary, a list of drugs covered by your plan. The list includes both brand name and generic drugs.
- Make sure your pharmacy is in the pharmacy network or consider mail order.
- Know the tier your drugs belong to, as it will give you a better understanding of cost-share.

\*\$27 monthly premium applies to Berks, Lehigh, Northampton, and Schuylkill counties. All other counties will have a \$26 monthly premium.

This is not a complete list of benefits. For more details, refer to the Summary of Benefits. For a complete description of plan benefits, exclusions, limitations, and conditions of coverage, see the Evidence of Coverage.

# Important Medicare enrollment dates



## Pre-enrollment

You can begin shopping and comparing plans so you know your options and are ready to enroll when the Annual Enrollment Period (AEP) begins.



## Annual Enrollment Period

If you're eligible, you can enroll in, switch, or drop coverage in a Medicare Advantage plan.



## Open Enrollment Period

Medicare Advantage members can return to original Medicare or select a different Medicare Advantage plan during this time.



Plan changes are limited to beneficiaries with a Special Enrollment Period (SEP). An example of an SEP is loss of employer coverage. For a list of SEPs, go to **Medicare.gov** or call us to learn if you may qualify. SEPs can also occur during other times of the year.



# How to enroll

You may enroll in a Medicare Advantage plan only during certain times of the year. Contact us for details. There are a number of ways to enroll:



## Call us

To enroll by phone or to schedule an in-person appointment with a licensed agent, call toll-free at **800.990.4201 (TTY: 711)**.

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## Mail

Complete a paper enrollment form and return to us either using the postage paid envelope (if provided) or by mailing to:

**Medicare Programs**  
PO Box 779827  
Harrisburg, PA 17177-9827

*Please do not send cash or a check with your enrollment form.*

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## Enroll online

Enroll at **CapitalBlueMedicare.com**.

Medicare beneficiaries can also enroll in a Capital Medicare Advantage plan through the CMS Online Enrollment Center at **Medicare.gov**.

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## Capital Blue Cross Connect

Visit a Capital Blue Cross Connect health and wellness center. Go to **CapitalBlueCrossConnect.com** for hours and locations.

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## Local sales agent

Contact your local sales agent to help you find and enroll in the Capital Blue Cross Medicare plan that's right for you. If you need help finding an agent in your area, call us at **800.990.4201 (TTY: 711)**.

# What to expect when you enroll as a new member

- 1 We'll send you an **enrollment request receipt letter** to confirm that we have received your enrollment request.
- 2 Once Medicare has approved your enrollment in the plan, we will send you an **enrollment verification letter**.
- 3 We may attempt to reach you by phone for a **welcome call** to make sure you have everything you need and to see if you have any questions about your coverage. We want to make sure you get the most from your health coverage, and we're looking forward to speaking with you!
- 4 Your **Capital Blue Cross ID card** and **welcome guide** will be sent to you by mail. Remember to show your ID card to your healthcare provider to ensure prompt processing of claims.
- 5 After enrolling in a Capital Blue Cross Medicare plan, you'll receive a **My Flex Benefit Card** separately from your Capital Blue Cross ID card.

## Member Services

Help is just a phone call away. We are proud to be your local health plan with local customer service.

**PPO members: 866.987.4213 (TTY: 711) or [MedicareAdvantagePPO@capbluecross.com](mailto:MedicareAdvantagePPO@capbluecross.com).**

**HMO members: 800.779.6962 (TTY: 711) or [MedicareAdvantageHMO@capbluecross.com](mailto:MedicareAdvantageHMO@capbluecross.com).**

Hours are Monday through Sunday, 8:00 AM ET – 8:00 PM ET, October 1 through March 31. From April 1 through September 30, hours change to Monday through Friday, 8:00 AM ET – 8:00 PM ET. After these hours, you can leave a message on our secure voice messaging system.





## Visit us at Capital Blue Cross Connect

At Capital Blue Cross Connect, our focus is on you and your health. We do more than just help you understand your health plan — we offer many healthy activities and resources, most of which are free for members.

**Health and wellness support** — Schedule an appointment with a certified health coach for important screenings (blood pressure, cholesterol, blood sugar, and more), personal training sessions, or wellness and health education consultations.

**Special seminars** — From cooking classes to weight loss, we offer a number of wellness workshops to help you be your healthy best.

**Fitness classes** — Take virtual fitness classes and improve your overall strength, flexibility, and mobility. We offer fitness classes for every age and stage of life. Sign up for a free virtual class today!

**On-site representatives** — Sit down with a licensed insurance representative and learn about your specific healthcare coverage.

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To learn more or to schedule an appointment, go to **CapitalBlueCrossConnect.com** or call us at **855.505.2583 (TTY: 711)**.

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### Locations

#### Allentown

1221 Hamilton Street  
Allentown, PA 18102

#### Chambersburg

WellSpan Health Campus  
12 St. Paul Drive  
Chambersburg, PA 17201

#### Enola

Hampden Marketplace  
4500 Marketplace Way  
Enola, PA 17025

#### Saucon Valley

Promenade Saucon Valley  
2845 Center Valley Parkway  
Center Valley, PA 18034

#### York

Apple Hill Medical Center  
25 Monument Road  
York, PA 17403



\* The Blue365® program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Blue365 offers access to savings on health and wellness products and services and other interesting items that members may purchase from independent vendors, which are different from covered benefits under your policies with Capital Blue Cross and its family of companies, its contracts with Medicare, or any other applicable federal healthcare program.

† On behalf of Capital Blue Cross, FitOn Health assists in the administration of fitness programs. FitOn Health is an independent company.

FitOn® is a program of FitOn Inc. On behalf of Capital Blue Cross, FitOn Inc. assists in the administration of this fitness program. FitOn Inc. is an independent company

Capital Blue Cross is an HMO, PPO Plan with a Medicare Contract. Enrollment in Capital Blue Cross depends on contract renewal. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

This information is not a complete description of benefits. Call 866.987.4213 (TTY: 711) for more information on PPO plans. Call 800.779.6962 (TTY: 711) for more information on HMO plans. Customer Service is available 8:00 AM ET – 8:00 PM ET, Monday – Friday (with extended hours October 1 – March 31).

Out-of-network/non-contracted providers are under no obligation to treat Capital Blue Cross members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Every year, Medicare evaluates plans based on a 5-Star rating System.

Language assistance

To talk to an interpreter in your language at no cost, call 1-866-987-4213 (TTY: 711).

Para hablar con un intérprete de forma gratuita, llame al 1-866-987-4213 (TTY: 711).

欲免费用本国语言洽询传译员 · 请拨电话1-866-987-4213 (TTY: 711).

Để nói chuyện với thông dịch viên bằng ngôn ngữ của quý vị không phải mất phí, xin gọi 1-866-987-4213 (TTY: 711).

Д л я бесплатного разговора с переводчиком на своем языке, позвоните по тел.: 1-866-987-4213 (TTY: 711).

Fa koschdefrei schwetze mit me dolmetscher in deinre Schrooch, ruf 1-866-987-4213 uff (TTY: 711).

무료 전화 통역 서비스 1-866-987-4213 (TTY: 711).

Per parlare con un interprete nella vostra lingua gratis, chiami 1-866-987-4213 (TTY: 711).

1-866-987-4213 للتحدث مجاناً إلى مترجم للغتك، يرجى الاتصال ب

(الهاتف النصي: 711)

Pour parler à un interprète dans votre langue sans charges, téléphoner à 1-866-987-4213 (TTY: 711).

Um in Ihrer Sprache gebührenfrei mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer

1-866-987-4213 an (TTY: 711).

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Aby porozmawiac z tłumaczem w języku polskim, prosze zadzwonic na numer darmowy telefonu

1-866-987-4213 (TTY: 711).

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1-866-987-4213 (TTY: 711).

Para falar com um intérprete em seu idioma de graça, ligue para 1-866-987-4213 (TTY: 711).

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# Capital Blue Cross Value (PPO) Summary of Benefits

January 1, 2025 – December 31, 2025

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To join Capital Blue Cross Value (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Berks, Centre, Columbia, Dauphin, Juniata, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, and Union.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 866.987.4213 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

Capital Blue Cross Value (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. With our PPO plans, you can also use providers that are not in our network.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Capital Blue Cross Value (PPO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](http://Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](http://Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in alternate formats. For additional information, call us at 866.987.4213 (TTY: 711).

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## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.

Medical benefits		
	In-network (IN)	Out-of-network (OON)
Monthly plan premium <sup>4</sup>	\$0 per month	
Medicare Part B Premium Reduction	\$28 per month	
Deductible	\$0	
Maximum out-of-pocket responsibility	\$9,000 for services you receive from in-network providers. \$9,000 for services you receive from in-network and out-of-network providers combined.	
Inpatient hospital	Days 1-4: \$200 copay per day per admission*	
Outpatient hospital (surgery)	Outpatient surgery: \$0 - \$450 copay* Ambulatory surgical center: \$0 - \$400 copay*	30% coinsurance
Doctor's office visits	Primary care physician visit: \$0 copay Specialist visit: \$40 copay	
Preventive care	\$0 copay for all Medicare-covered preventive services	
Emergency care	\$110 copay per visit	
Urgently needed services	\$45 copay per visit	
Diagnostic services/ labs/ imaging	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$285 copay* X-rays: \$35 copay Therapeutic radiology services: 20% coinsurance*	30% coinsurance
Hearing services**	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing®</i> ) <sup>5</sup> Prescription hearing aids: ( <i>copay applies one per ear, per year</i> ) \$499 Standard Aid/ \$699 Advanced Aid/ \$999 Premium Aid ( <i>must use TruHearing®</i> ) <sup>5</sup>	
Dental services**	Preventive dental services: ( <i>two visits per year, combined IN/OON</i> )	
	Preventive dental services: \$0 copay	Preventive dental services: 50% coinsurance
	Comprehensive dental services: 50% coinsurance ( <i>combined IN/OON</i> ).	
	Preventive and comprehensive dental services: \$2,000 annual maximum allowance ( <i>combined IN/OON</i> )	
Vision services**	Routine eye exam: \$0 copay ( <i>one visit per year, combined IN/OON</i> )	Routine eye exam: 50% coinsurance ( <i>one visit per year, combined IN/OON</i> )
	Up to \$150 per year for one pair of eyeglasses (frames and lenses) or contact lenses ( <i>combined IN/OON</i> ).	
Mental health care	Individual or group outpatient therapy visit: \$40 copay Inpatient mental health care: Days 1-4: \$200 copay per day per admission*	
Skilled nursing facility (SNF)	Days 1-20: \$0 copay per day* Days 21-100: \$214 copay per day*	
Outpatient rehabilitation	Occupational, physical, and speech and language therapy visit: \$35 copay	
Ambulance	Ground/air ambulance: \$305 copay*	
Medicare Part B drugs	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*	
OTC	\$75 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail order.	
Fitness	\$0 copay for fitness benefits provided through <b>FitOn®</b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )	
Durable medical equipment (DME)	20% coinsurance for Medicare-covered DME and related supplies*	

\*Indicates a service that may require prior authorization.

\*\*Medicare covered dental, vision and hearing exams, applies the Specialist visit cost share.



**Prescription drug benefits**

**Deductible**

Prescription drug deductible: \$200 deductible applies to Tier 3, Tier 4, and Tier 5 drugs, except for covered insulin products and most adult Part D vaccines.

**Initial coverage**

- You pay the following until your total yearly drug costs reach \$2,000.
- Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
- You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

**Retail cost sharing**

<b>Tier</b>	<b>Preferred 30-day supply</b>	<b>Standard 30-day supply</b>	<b>Preferred 100-day supply</b>	<b>Standard 100-day supply</b>
Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay
Tier 2 (Generic)	\$5 copay	\$20 copay	\$15 copay	\$60 copay
Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Tier 4 (Non-preferred drug)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Tier 5 (Specialty tier)	28% coinsurance	28% coinsurance	Not applicable	Not applicable

**Mail-order cost sharing**

<b>Tier</b>	<b>Preferred 30-day supply</b>	<b>Standard 30-day supply</b>	<b>Preferred 100-day supply</b>	<b>Standard 100-day supply</b>
Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay
Tier 2 (Generic)	\$5 copay	\$20 copay	\$15 copay	\$60 copay
Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Tier 4 (Non-preferred drug)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Tier 5 (Specialty tier)	28% coinsurance	28% coinsurance	Not applicable	Not applicable

- Your cost-sharing may be different if you use a long-term care pharmacy, or an out-of-network pharmacy.

**Catastrophic coverage**

After your yearly out-of-pocket drug costs reach \$2,000, the plan pays the full cost for your covered Part D drugs, and you pay nothing.

## DISCLAIMERS

This document is available in alternate formats.

Capital Blue Cross is a PPO Plan with a Medicare Contract. Enrollment in Capital Blue Cross depends on contract renewal. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

Health coverage is offered by Capital Advantage Insurance Company<sup>®</sup>, a subsidiary of Capital Blue Cross.

<sup>1</sup>This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

<sup>2</sup>The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

<sup>3</sup>Out-of-network/non-contracted providers are under no obligation to treat Capital Blue Cross members, except in emergency situations. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

<sup>4</sup>You must continue to pay your Medicare Part B premium.

<sup>5</sup>TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc., an independent company. On behalf of Capital Blue Cross, TruHearing, Inc. provides this routine hearing benefit program. All content ©2024 TruHearing, Inc. All Rights Reserved. TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

<sup>6</sup>On behalf Capital Blue Cross, FitOn Health, an independent company, assists in the administration of this fitness program.

FitOn Health is an independent company offering members a fitness benefit.

Use of the FitOn Health service is subject to the Terms of Use and Privacy Policy, available at [fitonhealth.com](https://fitonhealth.com).

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# Capital Blue Cross Select (PPO) Summary of Benefits

January 1, 2025 – December 31, 2025

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To join Capital Blue Cross Select (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 866.987.4213 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

Capital Blue Cross Select (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. With our PPO plans, you can also use providers that are not in our network.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Capital Blue Cross Select (PPO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](http://Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](http://Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in alternate formats. For additional information, call us at 866.987.4213 (TTY: 711).

---

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.



Medical benefits		
	In-network (IN)	Out-of-network (OON)
Monthly plan premium <sup>4</sup>	\$0 per month	
Deductible	\$0	
Maximum out-of-pocket responsibility	\$7,000 for services you receive from in-network providers. \$7,000 for services you receive from in-network and out-of-network providers combined.	
Inpatient hospital	Days 1-4: \$150 copay per day per admission*	
Outpatient hospital (surgery)	Outpatient surgery: \$0 - \$375 copay* Ambulatory surgical center: \$0 - \$330 copay*	30% coinsurance
Doctor's office visits	Primary care physician visit: \$0 copay Specialist visit: \$30 copay	
Preventive care	\$0 copay for all Medicare-covered preventive services	
Emergency care	\$110 copay per visit	
Urgently needed services	\$45 copay per visit	
Diagnostic services/ labs/ imaging	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$200 copay* X-rays: \$20 copay Therapeutic radiology services: 20% coinsurance*	30% coinsurance
Hearing services**	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing®</i> ) <sup>5</sup>	
	Prescription hearing aids: ( <i>copay applies one per ear, per year</i> ) \$499 Standard Aid/ \$699 Advanced Aid/ \$999 Premium Aid ( <i>must use TruHearing®</i> ) <sup>5</sup>	
Dental services**	Preventive dental services: ( <i>two visits per year, combined IN/OON</i> )	
	Preventive dental services: \$0 copay	Preventive dental services: 50% coinsurance
	Comprehensive dental services: 50% coinsurance ( <i>combined IN/OON</i> ).	
	Preventive and comprehensive dental services: \$3,500 annual maximum allowance ( <i>combined IN/OON</i> )	
Vision services**	Routine eye exam: \$0 copay ( <i>one visit per year, combined IN/OON</i> )	Routine eye exam: 50% coinsurance ( <i>one visit per year, combined IN/OON</i> )
	Up to \$150 per year for one pair of eyeglasses (frames and lenses) or contact lenses ( <i>combined IN/OON</i> ).	
Mental health care	Individual or group outpatient therapy visit: \$30 copay Inpatient mental health care: Days 1-4: \$150 copay per day per admission*	
Skilled nursing facility (SNF)	Days 1-20: \$0 copay per day* Days 21-100: \$214 copay per day*	
Outpatient rehabilitation	Occupational, physical, and speech and language therapy visit: \$25 copay	
Ambulance	Ground/air ambulance: \$325 copay*	
Medicare Part B drugs	For Part B drugs, including chemotherapy drugs: 0% - 20%coinsurance*	
OTC	\$75 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail order.	
Fitness	\$0 copay for fitness benefits provided through <b>FitOn®</b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )	
Durable medical equipment (DME)	20% coinsurance for Medicare-covered DME and related supplies*	

\*Indicates a service that may require prior authorization.

\*\*Medicare covered dental, vision and hearing exams, applies the Specialist visit cost share.

**Prescription drug benefits**

<b>Deductible</b>	Prescription drug deductible: \$200 deductible applies to Tier 3, Tier 4, and Tier 5, except for covered insulin products and most adult Part D vaccines.																																																																						
<b>Initial coverage</b>	<ul style="list-style-type: none"> <li>You pay the following until your total yearly drug costs reach \$2,000.</li> <li>Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.</li> <li>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</li> </ul> <table border="1" data-bbox="272 401 1570 846"> <thead> <tr> <th colspan="5">Retail cost sharing</th> </tr> <tr> <th>Tier</th> <th>Preferred 30-day supply</th> <th>Standard 30-day supply</th> <th>Preferred 100-day supply</th> <th>Standard 100-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred generic)</td> <td>\$0 copay</td> <td>\$10 copay</td> <td>\$0 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$5 copay</td> <td>\$20 copay</td> <td>\$15 copay</td> <td>\$60 copay</td> </tr> <tr> <td>Tier 3 (Preferred brand)</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-preferred drug)</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty tier)</td> <td>28% coinsurance</td> <td>28% coinsurance</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table> <table border="1" data-bbox="272 852 1570 1297"> <thead> <tr> <th colspan="5">Mail-order cost sharing</th> </tr> <tr> <th>Tier</th> <th>Preferred 30-day supply</th> <th>Standard 30-day supply</th> <th>Preferred 100-day supply</th> <th>Standard 100-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred generic)</td> <td>\$0 copay</td> <td>\$10 copay</td> <td>\$0 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$5 copay</td> <td>\$20 copay</td> <td>\$15 copay</td> <td>\$60 copay</td> </tr> <tr> <td>Tier 3 (Preferred brand)</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-preferred drug)</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty tier)</td> <td>28% coinsurance</td> <td>28% coinsurance</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Your cost-sharing may be different if you use a long-term care pharmacy, or an out-of-network pharmacy.</li> </ul>	Retail cost sharing					Tier	Preferred 30-day supply	Standard 30-day supply	Preferred 100-day supply	Standard 100-day supply	Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay	Tier 2 (Generic)	\$5 copay	\$20 copay	\$15 copay	\$60 copay	Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Tier 4 (Non-preferred drug)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Tier 5 (Specialty tier)	28% coinsurance	28% coinsurance	Not applicable	Not applicable	Mail-order cost sharing					Tier	Preferred 30-day supply	Standard 30-day supply	Preferred 100-day supply	Standard 100-day supply	Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay	Tier 2 (Generic)	\$5 copay	\$20 copay	\$15 copay	\$60 copay	Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Tier 4 (Non-preferred drug)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Tier 5 (Specialty tier)	28% coinsurance	28% coinsurance	Not applicable	Not applicable
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<sup>3</sup>Out-of-network/non-contracted providers are under no obligation to treat Capital Blue Cross members, except in emergency situations. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

<sup>4</sup>You must continue to pay your Medicare Part B premium.

<sup>5</sup>TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc., an independent company. On behalf of Capital Blue Cross, TruHearing, Inc. provides this routine hearing benefit program.

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# Capital Blue Cross Enhanced (PPO) Central Region Summary of Benefits

January 1, 2025 – December 31, 2025

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To join Capital Blue Cross Enhanced (PPO) Central Region, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Centre, Columbia, Dauphin, Juniata, Mifflin, Montour, Northumberland, Perry, Snyder, and Union.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 866.987.4213 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

Capital Blue Cross Enhanced (PPO) Central Region has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. With our PPO plans, you can also use providers that are not in our network.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Capital Blue Cross Enhanced (PPO) Central Region covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](http://Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](http://Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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---

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.

Medical benefits		
	In-network (IN)	Out-of-network (OON)
Monthly plan premium <sup>4</sup>	\$26 per month	
Deductible	\$0	
Maximum out-of-pocket responsibility	\$6,200 for services you receive from in-network providers. \$6,200 for services you receive from in-network and out-of-network providers combined.	
Inpatient hospital	\$300 copay per admission*	
Outpatient hospital (surgery)	Outpatient surgery: \$0 - \$375 copay* Ambulatory surgical center: \$0 - \$250 copay*	30% coinsurance
Doctor's office visits	Primary care physician visit: \$0 copay Specialist visit: \$20 copay	
Preventive care	\$0 copay for all Medicare-covered preventive services	
Emergency care	\$125 copay per visit	
Urgently needed services	\$50 copay per visit	
Diagnostic services/ labs/ imaging	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$200 copay* X-rays: \$15 copay Therapeutic radiology services: 20% coinsurance*	30% coinsurance
Hearing services**	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing</i> ) <sup>5</sup> Prescription hearing aids: (copay applies <i>one per ear, per year</i> ) \$499 Standard Aid/ \$699 Advanced Aid/ \$999 Premium Aid ( <i>must use TruHearing</i> ) <sup>5</sup>	
Dental services**	Preventive dental services: ( <i>two visits per year, combined IN/OON</i> )	
	Preventive dental services: \$0 copay	Preventive dental services: 50% coinsurance
	Comprehensive dental services: 50% coinsurance ( <i>combined IN/OON</i> ).	
	Preventive and comprehensive dental services: \$4,000 annual maximum allowance ( <i>combined IN/OON</i> )	
Vision services**	Routine eye exam: \$0 copay ( <i>one visit per year, combined IN/OON</i> )	Routine eye exam: 50% coinsurance ( <i>one visit per year, combined IN/OON</i> )
	Up to \$250 per year for one pair of eyeglasses (frames and lenses) or contact lenses ( <i>combined IN/OON</i> ).	
Mental health care	Individual or group outpatient therapy visit: \$20 copay Inpatient mental health care: \$300 copay per admission*	
Skilled nursing facility (SNF)	Days 1-20: \$10 copay per day* Days 21-100: \$214 copay per day*	
Outpatient rehabilitation	Occupational, physical, and speech and language therapy visit: \$15 copay	
Ambulance	Ground/air ambulance: \$235 copay*	
Transportation	\$0 copay (must use our vendor) 12 one-way trips annually to Plan approved health-related location. *	
Medicare Part B drugs	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*	
OTC	\$110 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail order.	
Fitness	\$0 copay for fitness benefits provided through <b>FitOn</b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )	
Durable medical equipment (DME)	20% coinsurance for Medicare-covered DME and related supplies*	

\*Indicates a service that may require prior authorization.

\*\*Medicare covered dental, vision and hearing exams, applies the Specialist visit cost share.

**Prescription drug benefits**

<b>Deductible</b>	Prescription drug deductible: \$150 deductible applies to Tier 4, and Tier 5, except for covered insulin products and most adult Part D vaccines.																																																																						
<b>Initial coverage</b>	<ul style="list-style-type: none"> <li>You pay the following until your total yearly drug costs reach \$2,000.</li> <li>Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.</li> <li>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</li> </ul> <table border="1" data-bbox="272 457 1570 905"> <thead> <tr> <th colspan="5">Retail cost sharing</th> </tr> <tr> <th>Tier</th> <th>Preferred 30-day supply</th> <th>Standard 30-day supply</th> <th>Preferred 100-day supply</th> <th>Standard 100-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred generic)</td> <td>\$0 copay</td> <td>\$10 copay</td> <td>\$0 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$0 copay</td> <td>\$15 copay</td> <td>\$0 copay</td> <td>\$45 copay</td> </tr> <tr> <td>Tier 3 (Preferred brand)</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-preferred drug)</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty tier)</td> <td>31% coinsurance</td> <td>31% coinsurance</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table> <table border="1" data-bbox="272 905 1570 1352"> <thead> <tr> <th colspan="5">Mail-order cost sharing</th> </tr> <tr> <th>Tier</th> <th>Preferred 30-day supply</th> <th>Standard 30-day supply</th> <th>Preferred 100-day supply</th> <th>Standard 100-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred generic)</td> <td>\$0 copay</td> <td>\$10 copay</td> <td>\$0 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$0 copay</td> <td>\$15 copay</td> <td>\$0 copay</td> <td>\$45 copay</td> </tr> <tr> <td>Tier 3 (Preferred brand)</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-preferred drug)</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty tier)</td> <td>31% coinsurance</td> <td>31% coinsurance</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Your cost-sharing may be different if you use a long-term care pharmacy, or an out-of-network pharmacy.</li> </ul>	Retail cost sharing					Tier	Preferred 30-day supply	Standard 30-day supply	Preferred 100-day supply	Standard 100-day supply	Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay	Tier 2 (Generic)	\$0 copay	\$15 copay	\$0 copay	\$45 copay	Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Tier 4 (Non-preferred drug)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Tier 5 (Specialty tier)	31% coinsurance	31% coinsurance	Not applicable	Not applicable	Mail-order cost sharing					Tier	Preferred 30-day supply	Standard 30-day supply	Preferred 100-day supply	Standard 100-day supply	Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay	Tier 2 (Generic)	\$0 copay	\$15 copay	\$0 copay	\$45 copay	Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Tier 4 (Non-preferred drug)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Tier 5 (Specialty tier)	31% coinsurance	31% coinsurance	Not applicable	Not applicable
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<b>Catastrophic coverage</b>	After your yearly out-of-pocket drug costs reach \$2,000, the plan pays the full cost for your covered Part D drugs, and you pay nothing.																																																																						



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Health coverage is offered by Capital Advantage Insurance Company<sup>®</sup>, a subsidiary of Capital Blue Cross.

<sup>1</sup>This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

<sup>2</sup>The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

<sup>3</sup>Out-of-network/non-contracted providers are under no obligation to treat Capital Blue Cross members, except in emergency situations. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

<sup>4</sup>You must continue to pay your Medicare Part B premium.

<sup>5</sup>TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc., an independent company. On behalf of Capital Blue Cross, TruHearing, Inc. provides this routine hearing benefit program. All content ©2024 TruHearing, Inc. All Rights Reserved. TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

<sup>6</sup>On behalf Capital Blue Cross, FitOn Health, an independent company, assists in the administration of this fitness program.

FitOn Health is an independent company offering members a fitness benefit.

Use of the FitOn Health service is subject to the Terms of Use and Privacy Policy, available at [fitonhealth.com](https://fitonhealth.com).

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# Capital Blue Cross Enhanced (PPO) Lehigh Region Summary of Benefits

January 1, 2025 – December 31, 2025

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To join Capital Blue Cross Enhanced (PPO) Lehigh Region, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Berks, Lehigh, Northampton, and Schuylkill.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 866.987.4213 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

Capital Blue Cross Enhanced (PPO) Lehigh Region has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. With our PPO plans, you can also use providers that are not in our network.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Capital Blue Cross Enhanced (PPO) Lehigh Region covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](http://Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](http://Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in alternate formats. For additional information, call us at 866.987.4213 (TTY: 711).

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## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.

Medical benefits		
	In-network (IN)	Out-of-network (OON)
<b>Monthly plan premium<sup>4</sup></b>	\$27 per month	
<b>Deductible</b>	\$0	
<b>Maximum out-of-pocket responsibility</b>	\$6,200 for services you receive from in-network providers. \$6,200 for services you receive from in-network and out-of-network providers combined.	
<b>Inpatient hospital</b>	\$300 copay per admission*	
<b>Outpatient hospital (surgery)</b>	Outpatient surgery: \$0 - \$375 copay* Ambulatory surgical center: \$0 - \$250 copay*	30% coinsurance
<b>Doctor's office visits</b>	Primary care physician visit: \$0 copay Specialist visit: \$20 copay	
<b>Preventive care</b>	\$0 copay for all Medicare-covered preventive services	
<b>Emergency care</b>	\$125 copay per visit	
<b>Urgently needed services</b>	\$50 copay per visit	
<b>Diagnostic services/ labs/ imaging</b>	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$150 copay* X-rays: \$15 copay Therapeutic radiology services: 20% coinsurance*	30% coinsurance
<b>Hearing services**</b>	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing®</i> ) <sup>5</sup> Prescription hearing aids: (copay applies <i>one per ear, per year</i> ) \$499 Standard Aid/ \$699 Advanced Aid/ \$999 Premium Aid ( <i>must use TruHearing®</i> ) <sup>5</sup>	
<b>Dental services**</b>	Preventive dental services: ( <i>two visits per year, combined IN/OON</i> )	
	Preventive dental services: \$0 copay	Preventive dental services: 50% coinsurance
	Comprehensive dental services: 50% coinsurance ( <i>combined IN/OON</i> ).	
	Preventive and comprehensive dental services: \$4,000 annual maximum allowance ( <i>combined IN/OON</i> )	
<b>Vision services**</b>	Routine eye exam: \$0 copay ( <i>one visit per year, combined IN/OON</i> )	Routine eye exam: 50% coinsurance ( <i>one visit per year, combined IN/OON</i> )
	Up to \$250 per year for one pair of eyeglasses (frames and lenses) or contact lenses ( <i>combined IN/OON</i> ).	
<b>Mental health care</b>	Individual or group outpatient therapy visit: \$20 copay Inpatient mental health care: \$300 copay per admission*	
<b>Skilled nursing facility (SNF)</b>	Days 1-20: \$10 copay per day* Days 21-100: \$214 copay per day*	
<b>Outpatient rehabilitation</b>	Occupational, physical, and speech and language therapy visit: \$15 copay	
<b>Ambulance</b>	Ground/air ambulance: \$190 copay*	
<b>Transportation</b>	\$0 copay (must use our vendor) 12 one-way trips annually to Plan approved health-related location. *	
<b>Medicare Part B drugs</b>	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*	
<b>OTC</b>	\$110 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail order.	
<b>Fitness</b>	\$0 copay for fitness benefits provided through <b>FitOn®</b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )	
<b>Durable medical equipment (DME)</b>	20% coinsurance for Medicare-covered DME and related supplies*	

\*Indicates a service that may require prior authorization.

\*\*Medicare covered dental, vision and hearing exams, applies the Specialist visit cost share.

**Prescription drug benefits**

<b>Deductible</b>	Prescription drug deductible: \$150 deductible applies to Tier 4, and Tier 5, except for covered insulin products and most adult Part D vaccines.																																																																						
<b>Initial coverage</b>	<ul style="list-style-type: none"> <li>You pay the following until your total yearly drug costs reach \$2,000.</li> <li>Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.</li> <li>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</li> </ul> <table border="1" data-bbox="272 451 1567 903"> <thead> <tr> <th colspan="5">Retail cost sharing</th> </tr> <tr> <th>Tier</th> <th>Preferred 30-day supply</th> <th>Standard 30-day supply</th> <th>Preferred 100-day supply</th> <th>Standard 100-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred generic)</td> <td>\$0 copay</td> <td>\$10 copay</td> <td>\$0 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$0 copay</td> <td>\$15 copay</td> <td>\$0 copay</td> <td>\$45 copay</td> </tr> <tr> <td>Tier 3 (Preferred brand)</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-preferred drug)</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty tier)</td> <td>31% coinsurance</td> <td>31% coinsurance</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table> <table border="1" data-bbox="272 903 1567 1354"> <thead> <tr> <th colspan="5">Mail-order cost sharing</th> </tr> <tr> <th>Tier</th> <th>Preferred 30-day supply</th> <th>Standard 30-day supply</th> <th>Preferred 100-day supply</th> <th>Standard 100-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred generic)</td> <td>\$0 copay</td> <td>\$10 copay</td> <td>\$0 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$0 copay</td> <td>\$15 copay</td> <td>\$0 copay</td> <td>\$45 copay</td> </tr> <tr> <td>Tier 3 (Preferred brand)</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-preferred drug)</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty tier)</td> <td>31% coinsurance</td> <td>31% coinsurance</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Your cost-sharing may be different if you use a long-term care pharmacy, or an out-of-network pharmacy.</li> </ul>	Retail cost sharing					Tier	Preferred 30-day supply	Standard 30-day supply	Preferred 100-day supply	Standard 100-day supply	Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay	Tier 2 (Generic)	\$0 copay	\$15 copay	\$0 copay	\$45 copay	Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Tier 4 (Non-preferred drug)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Tier 5 (Specialty tier)	31% coinsurance	31% coinsurance	Not applicable	Not applicable	Mail-order cost sharing					Tier	Preferred 30-day supply	Standard 30-day supply	Preferred 100-day supply	Standard 100-day supply	Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay	Tier 2 (Generic)	\$0 copay	\$15 copay	\$0 copay	\$45 copay	Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Tier 4 (Non-preferred drug)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Tier 5 (Specialty tier)	31% coinsurance	31% coinsurance	Not applicable	Not applicable
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FitOn Health is an independent company offering members a fitness benefit.

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# Capital Blue Cross Complete (PPO) Summary of Benefits

January 1, 2025 – December 31, 2025

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To join Capital Blue Cross Complete (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Berks, Centre, Columbia, Dauphin, Juniata, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, and Union.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 866.987.4213 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

Capital Blue Cross Complete (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. With our PPO plans, you can also use providers that are not in our network.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Capital Blue Cross Complete (PPO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](https://www.Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](https://www.Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.

Medical benefits		
	In-network (IN)	Out-of-network (OON)
<b>Monthly plan premium<sup>4</sup></b>	\$43 per month	
<b>Deductible</b>	\$0	
<b>Maximum out-of-pocket responsibility</b>	\$6,000 for services you receive from in-network providers. \$6,000 for services you receive from in-network and out-of-network providers combined.	
<b>Inpatient hospital</b>	Days 1-3: \$100 copay per day per admission*	
<b>Outpatient hospital (surgery)</b>	Outpatient surgery: \$0 - \$375 copay* Ambulatory surgical center: \$0 - \$275 copay*	30% coinsurance
<b>Doctor's office visits</b>	Primary care physician visit: \$0 copay Specialist visit: \$15 copay	
<b>Preventive care</b>	\$0 copay for all Medicare-covered preventive services	
<b>Emergency care</b>	\$125 copay per visit	
<b>Urgently needed services</b>	\$45 copay per visit	
<b>Diagnostic services/ labs/ imaging</b>	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$200 copay* X-rays: \$15 copay Therapeutic radiology services: 20% coinsurance*	30% coinsurance
<b>Hearing services**</b>	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing<sup>®</sup></i> ) <sup>5</sup> Prescription hearing aids: ( <i>copay applies one per ear, per year</i> ) \$499 Standard Aid/ \$699 Advanced Aid/ \$999 Premium Aid ( <i>must use TruHearing<sup>®</sup></i> ) <sup>5</sup>	
<b>Dental services**</b>	Preventive dental services: ( <i>two visits per year, combined IN/OON</i> )	
	Preventive dental services: \$0 copay	Preventive dental services: 50% coinsurance
	Comprehensive dental services: 30%-50% coinsurance ( <i>combined IN/OON</i> ).	
	Preventive and comprehensive dental services: \$5,000 annual maximum allowance ( <i>combined IN/OON</i> )	
<b>Vision services**</b>	Routine eye exam: \$0 copay ( <i>one visit per year, combined IN/OON</i> )	Routine eye exam: 50% coinsurance ( <i>one visit per year, combined IN/OON</i> )
	Up to \$300 per year for one pair of eyeglasses (frames and lenses) or contact lenses ( <i>combined IN/OON</i> ).	
<b>Mental health care</b>	Individual or group outpatient therapy visit: \$15 copay Inpatient mental health care: Days 1-3: \$100 copay per day per admission*	
<b>Skilled nursing facility (SNF)</b>	Days 1-20: \$10 copay per day* Days 21-100: \$214 copay per day*	
<b>Outpatient rehabilitation</b>	Occupational, physical, and speech and language therapy visit: \$15 copay	
<b>Ambulance</b>	Ground/air ambulance: \$285 copay*	
<b>Medicare Part B drugs</b>	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*	
<b>OTC</b>	\$120 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail order.	
<b>Fitness</b>	\$0 copay for fitness benefits provided through <b>FitOn<sup>®</sup></b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )	
<b>Durable medical equipment (DME)</b>	20% coinsurance for Medicare-covered DME and related supplies*	

\*Indicates a service that may require prior authorization.

\*\*Medicare covered dental, vision and hearing exams, applies the Specialist visit cost share.

**Prescription drug benefits**

<b>Deductible</b>	Prescription drug deductible: Not applicable.																																																																						
<b>Initial coverage</b>	<ul style="list-style-type: none"> <li>You pay the following until your total yearly drug costs reach \$2,000.</li> <li>Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.</li> <li>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</li> </ul> <table border="1" data-bbox="272 422 1588 867"> <thead> <tr> <th colspan="5">Retail cost sharing</th> </tr> <tr> <th>Tier</th> <th>Preferred 30-day supply</th> <th>Standard 30-day supply</th> <th>Preferred 100-day supply</th> <th>Standard 100-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred generic)</td> <td>\$0 copay</td> <td>\$10 copay</td> <td>\$0 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$0 copay</td> <td>\$15 copay</td> <td>\$0 copay</td> <td>\$45 copay</td> </tr> <tr> <td>Tier 3 (Preferred brand)</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-preferred drug)</td> <td>45% coinsurance</td> <td>45% coinsurance</td> <td>45% coinsurance</td> <td>45% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty tier)</td> <td>33% coinsurance</td> <td>33% coinsurance</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table> <table border="1" data-bbox="272 867 1588 1312"> <thead> <tr> <th colspan="5">Mail-order cost sharing</th> </tr> <tr> <th>Tier</th> <th>Preferred 30-day supply</th> <th>Standard 30-day supply</th> <th>Preferred 100-day supply</th> <th>Standard 100-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred generic)</td> <td>\$0 copay</td> <td>\$10 copay</td> <td>\$0 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$0 copay</td> <td>\$15 copay</td> <td>\$0 copay</td> <td>\$45 copay</td> </tr> <tr> <td>Tier 3 (Preferred brand)</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-preferred drug)</td> <td>45% coinsurance</td> <td>45% coinsurance</td> <td>45% coinsurance</td> <td>45% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty tier)</td> <td>33% coinsurance</td> <td>33% coinsurance</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Your cost-sharing may be different if you use a long-term care pharmacy, or an out-of-network pharmacy.</li> </ul>	Retail cost sharing					Tier	Preferred 30-day supply	Standard 30-day supply	Preferred 100-day supply	Standard 100-day supply	Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay	Tier 2 (Generic)	\$0 copay	\$15 copay	\$0 copay	\$45 copay	Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Tier 4 (Non-preferred drug)	45% coinsurance	45% coinsurance	45% coinsurance	45% coinsurance	Tier 5 (Specialty tier)	33% coinsurance	33% coinsurance	Not applicable	Not applicable	Mail-order cost sharing					Tier	Preferred 30-day supply	Standard 30-day supply	Preferred 100-day supply	Standard 100-day supply	Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay	Tier 2 (Generic)	\$0 copay	\$15 copay	\$0 copay	\$45 copay	Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Tier 4 (Non-preferred drug)	45% coinsurance	45% coinsurance	45% coinsurance	45% coinsurance	Tier 5 (Specialty tier)	33% coinsurance	33% coinsurance	Not applicable	Not applicable
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<b>Catastrophic coverage</b>	After your yearly out-of-pocket drug costs reach \$2,000, the plan pays the full cost for your covered Part D drugs, and you pay nothing.																																																																						

## DISCLAIMERS

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Capital Blue Cross is a PPO Plan with a Medicare Contract. Enrollment in Capital Blue Cross depends on contract renewal. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

Health coverage is offered by Capital Advantage Insurance Company<sup>®</sup>, a subsidiary of Capital Blue Cross.

<sup>1</sup>This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

<sup>2</sup>The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

<sup>3</sup>Out-of-network/non-contracted providers are under no obligation to treat Capital Blue Cross members, except in emergency situations. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

<sup>4</sup>You must continue to pay your Medicare Part B premium.

<sup>5</sup>TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc., an independent company. On behalf of Capital Blue Cross, TruHearing, Inc. provides this routine hearing benefit program. All content ©2024 TruHearing, Inc. All Rights Reserved. TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

<sup>6</sup>On behalf Capital Blue Cross, FitOn Health, an independent company, assists in the administration of this fitness program.

FitOn Health is an independent company offering members a fitness benefit.

Use of the FitOn Health service is subject to the Terms of Use and Privacy Policy, available at [fitonhealth.com](https://fitonhealth.com).

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# Capital Blue Cross Classic (PPO) Summary of Benefits

January 1, 2025 – December 31, 2025

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To join Capital Blue Cross Classic (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 866.987.4213 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

Capital Blue Cross Classic (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. With our PPO plans, you can also use providers that are not in our network.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Capital Blue Cross Classic (PPO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](http://Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](http://Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in alternate formats. For additional information, call us at 866.987.4213 (TTY: 711).

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## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.



Medical benefits		
	In-network (IN)	Out-of-network (OON)
Monthly plan premium <sup>4</sup>	\$66 per month	
Deductible	\$0	
Maximum out-of-pocket responsibility	\$6,700 for services you receive from in-network providers. \$6,700 for services you receive from in-network and out-of-network providers combined.	
Inpatient hospital	Days 1-5: \$215 copay per day per admission*	
Outpatient hospital (surgery)	Outpatient surgery: \$0 - \$300 copay* Ambulatory surgical center: \$0 - \$225 copay*	30% coinsurance
Doctor's office visits	Primary care physician visit: \$0 copay Specialist visit: \$25 copay	
Preventive care	\$0 copay for all Medicare-covered preventive services	
Emergency care	\$125 copay per visit	
Urgently needed services	\$45 copay per visit	
Diagnostic services/ labs/ imaging	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$200 copay* X-rays: \$20 copay Therapeutic radiology services: 20% coinsurance*	30% coinsurance
Hearing services**	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing®</i> ) <sup>5</sup>	
	Prescription hearing aids: ( <i>copay applies one per ear, per year</i> ) \$499 Standard Aid/ \$699 Advanced Aid/ \$999 Premium Aid ( <i>must use TruHearing®</i> ) <sup>5</sup>	
Dental services**	Preventive dental services: ( <i>two visits per year, combined IN/OON</i> )	
	Preventive dental services: \$0 copay	Preventive dental services: 50% coinsurance
	Comprehensive dental services: 50% coinsurance ( <i>combined IN/OON</i> ).	
	Preventive and comprehensive dental services: \$2,000 annual maximum allowance ( <i>combined IN/OON</i> )	
Vision services**	Routine eye exam: \$0 copay ( <i>one visit per year, combined IN/OON</i> )	Routine eye exam: 50% coinsurance ( <i>one visit per year, combined IN/OON</i> )
	Up to \$150 per year for one pair of eyeglasses (frames and lenses) or contact lenses ( <i>combined IN/OON</i> ).	
Mental health care	Individual or group outpatient therapy visit: \$25 copay Inpatient mental health care: Days 1-5: \$215 copay per day per admission*	
Skilled nursing facility (SNF)	Days 1-20: \$10 copay per day* Days 21-100: \$214 copay per day*	
Outpatient rehabilitation	Occupational, physical, and speech and language therapy visit: \$25 copay	
Ambulance	Ground/air ambulance: \$250 copay*	
Transportation	\$0 copay (must use our vendor) 12 one-way trips annually to Plan approved health-related location. *	
Medicare Part B drugs	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*	
OTC	\$75 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail order.	
Fitness	\$0 copay for fitness benefits provided through <b>FitOn®</b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )	
Durable medical equipment (DME)	20% coinsurance for Medicare-covered DME and related supplies*	

\*Indicates a service that may require prior authorization.

\*\*Medicare covered dental, vision and hearing exams, applies the Specialist visit cost share.

**Prescription drug benefits**

<b>Deductible</b>	Prescription drug deductible: Not applicable.																																																																						
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<sup>4</sup>You must continue to pay your Medicare Part B premium.

<sup>5</sup>TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc., an independent company. On behalf of Capital Blue Cross, TruHearing, Inc. provides this routine hearing benefit program.

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# Capital Blue Cross Essential (HMO) Summary of Benefits

January 1, 2025 – December 31, 2025

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To join Capital Blue Cross Essential (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 800.779.6962 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

Capital Blue Cross Essential (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. If you don't use providers in our network, your services will not be covered, and you will pay more, except for emergency and urgent care.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Capital Blue Cross Essential (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](http://Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [Medicare.gov](http://Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in alternate formats. For additional information, call us at 800.779.6962 (TTY: 711).

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## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.

<b>Medical benefits</b>	
<b>In-network</b>	
<b>Monthly plan premium<sup>4</sup></b>	\$0 per month
<b>Medicare Part B Premium Reduction</b>	\$2 per month
<b>Deductible</b>	\$0
<b>Maximum out-of-pocket responsibility</b>	\$6,000 for services you receive from in-network providers.
<b>Inpatient hospital</b>	Days 1-4: \$135 copay per day per admission*
<b>Outpatient hospital (surgery)</b>	Outpatient surgery: \$0 - \$275 copay* Ambulatory Surgical Center: \$0 - \$200 copay*
<b>Doctor's office visits</b>	Primary care physician visit: \$0 copay Specialist visit: \$25 copay
<b>Preventive care</b>	\$0 copay for all Medicare-covered preventive services
<b>Emergency care</b>	\$125 copay per visit
<b>Urgently needed services</b>	\$40 copay per visit
<b>Diagnostic services/ labs/ imaging</b>	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$150 copay* X-rays: \$15 copay Therapeutic radiology services: 20% coinsurance*
<b>Hearing services**</b>	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing<sup>®</sup></i> ) <sup>5</sup>
	Prescription hearing aids: ( <i>copay applies to one per ear, per year</i> ) \$499 Standard Aid/ \$699 Advanced Aid/ \$999 Premium Aid ( <i>must use TruHearing<sup>®</sup></i> ) <sup>5</sup>
<b>Dental services**</b>	Preventive dental services: ( <i>two visits per year</i> )
	Preventive dental services: \$0 copay
	Comprehensive dental services: 50% coinsurance
	Preventive and comprehensive dental services: \$3,500 annual maximum allowance
<b>Vision services**</b>	Routine eye exam: \$0 copay ( <i>one visit per year</i> )
	Up to \$225 per year for one pair of eyeglasses (frames and lenses) or contact lenses.
<b>Mental health care</b>	Individual or group outpatient therapy visit: \$25 copay Inpatient mental health care: Days 1-4: \$135 copay per day per admission*
<b>Skilled nursing facility (SNF)</b>	Days 1-20: \$10 copay per day* Days 21-100: \$214 copay per day*
<b>Outpatient rehabilitation</b>	Occupational, physical, and speech and language therapy visit: \$25 copay
<b>Ambulance</b>	Ground/air ambulance: \$275 copay*
<b>Transportation</b>	\$0 copay (must use our vendor) 8 one-way trips annually to Plan approved health-related location. *
<b>Medicare Part B drugs</b>	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*
<b>OTC</b>	\$90 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail order.
<b>Fitness</b>	\$0 copay for fitness benefits provided through <b>FitOn<sup>®</sup></b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )
<b>Durable medical equipment (DME)</b>	20% coinsurance for Medicare-covered DME and related supplies*

\*Indicates a service that may require prior authorization.

\*\*Medicare covered dental, vision and hearing exams, applies the Specialist visit cost share.

### Prescription drug benefits

<b>Deductible</b>	Prescription drug deductible: \$250 deductible applies to Tier 3, Tier 4, and Tier 5 drugs, except for covered insulin products and most adult Part D vaccines.																														
<b>Initial coverage</b>	<ul style="list-style-type: none"> <li>You pay the following until your total yearly drug costs reach \$2,000.</li> <li>Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.</li> <li>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</li> </ul>																														
	<b>Retail cost sharing</b>																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Tier</th> <th style="width: 15%;">Preferred 30-day supply</th> <th style="width: 15%;">Standard 30-day supply</th> <th style="width: 15%;">Preferred 100-day supply</th> <th style="width: 15%;">Standard 100-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred generic)</td> <td>\$0 copay</td> <td>\$10 copay</td> <td>\$0 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$0 copay</td> <td>\$15 copay</td> <td>\$0 copay</td> <td>\$45 copay</td> </tr> <tr> <td>Tier 3 (Preferred brand)</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-preferred drug)</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> <td>50% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty tier)</td> <td>30% coinsurance</td> <td>30% coinsurance</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table>	Tier	Preferred 30-day supply	Standard 30-day supply	Preferred 100-day supply	Standard 100-day supply	Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay	Tier 2 (Generic)	\$0 copay	\$15 copay	\$0 copay	\$45 copay	Tier 3 (Preferred brand)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Tier 4 (Non-preferred drug)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Tier 5 (Specialty tier)	30% coinsurance	30% coinsurance	Not applicable	Not applicable
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<ul style="list-style-type: none"> <li>Your cost-sharing may be different if you use a long-term care pharmacy, or an out-of-network pharmacy.</li> </ul>																															
<b>Catastrophic coverage</b>	After your yearly out-of-pocket drug costs reach \$2,000, the plan pays the full cost for your covered Part D drugs, and you pay nothing.																														



## DISCLAIMERS

This document is available in alternate formats.

Capital Blue Cross is an HMO Plan with a Medicare Contract. Enrollment in Capital Blue Cross depends on contract renewal. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

Health coverage is offered by Keystone Health Plan Central<sup>®</sup>, a subsidiary of Capital Blue Cross.

<sup>1</sup>This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

<sup>2</sup>The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

<sup>3</sup>Out-of-network/non-contracted providers are under no obligation to treat Capital Blue Cross members, except in emergency situations. Please call our Member Services number or see your "Evidence of Coverage" for more information.

<sup>4</sup>You must continue to pay your Medicare Part B premium.

<sup>5</sup>TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc., an independent company. On behalf of Capital Blue Cross, TruHearing, Inc. provides this routine hearing benefit program. All content ©2024 TruHearing, Inc. All Rights Reserved. TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

<sup>6</sup>On behalf Capital Blue Cross, FitOn Health, an independent company, assists in the administration of this fitness program.

FitOn Health is an independent company offering members a fitness benefit.

Use of the FitOn Health service is subject to the Terms of Use and Privacy Policy, available at [fitonhealth.com](https://fitonhealth.com).

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# BlueJourney Prime (PPO) Summary of Benefits

January 1, 2025 – December 31, 2025

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To join BlueJourney Prime (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 866.987.4213 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

BlueJourney Prime (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. With our PPO plans, you can also use providers that are not in our network.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what BlueJourney Prime (PPO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](https://www.Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](https://www.Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in alternate formats. For additional information, call us at 866.987.4213 (TTY: 711).

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## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.

Medical benefits		
	In-network (IN)	Out-of-network (OON)
<b>Monthly plan premium<sup>4</sup></b>	\$168 per month	
<b>Deductible</b>	\$0	
<b>Maximum out-of-pocket responsibility</b>	\$6,000 for services you receive from in-network providers. \$6,000 for services you receive from in-network and out-of-network providers combined.	
<b>Inpatient hospital</b>	Days 1-5: \$175 copay per day per admission*	
<b>Outpatient hospital (surgery)</b>	Outpatient surgery: \$0 - \$300 copay* Ambulatory surgical center: \$0 - \$175 copay*	30% coinsurance
<b>Doctor's office visits</b>	Primary care physician visit: \$5 copay Specialist visit: \$25 copay	
<b>Preventive care</b>	\$0 copay for all Medicare-covered preventive services	
<b>Emergency care</b>	\$125 copay per visit	
<b>Urgently needed services</b>	\$35 copay per visit	
<b>Diagnostic services/ labs/ imaging</b>	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$125 copay* X-rays: \$20 copay Therapeutic radiology services: 20% coinsurance*	30% coinsurance
<b>Hearing services**</b>	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing<sup>®</sup></i> ) <sup>5</sup>	
	Prescription hearing aids: ( <i>copay applies one per ear, per year</i> ) \$499 Standard Aid/ \$699 Advanced Aid/ \$999 Premium Aid ( <i>must use TruHearing<sup>®</sup></i> ) <sup>5</sup>	
<b>Dental services**</b>	Preventive dental services: ( <i>two visits per year, combined IN/OON</i> )	
	Preventive dental services: \$0 copay	Preventive dental services: 50% coinsurance
	Comprehensive dental services: 50% coinsurance ( <i>combined IN/OON</i> ).	
	Preventive and comprehensive dental services: \$2,000 annual maximum allowance ( <i>combined IN/OON</i> )	
<b>Vision services**</b>	Routine eye exam: \$0 copay ( <i>one visit per year, combined IN/OON</i> )	Routine eye exam: 50% coinsurance ( <i>one visit per year, combined IN/OON</i> )
	Up to \$125 per year for one pair of eyeglasses (frames and lenses) or contact lenses ( <i>combined IN/OON</i> ).	
<b>Mental health care</b>	Individual or group outpatient therapy visit: \$25 copay Inpatient mental health care: Days 1-5: \$175 copay per day per admission*	
<b>Skilled nursing facility (SNF)</b>	Days 1-20: \$10 copay per day* Days 21-100: \$200 copay per day*	
<b>Outpatient rehabilitation</b>	Occupational, physical, and speech and language therapy visit: \$25 copay	
<b>Ambulance</b>	Ground/air ambulance: \$150 copay*	
<b>Transportation</b>	\$0 copay (must use our vendor) 12 one-way trips annually to Plan approved health-related location. *	
<b>Medicare Part B drugs</b>	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*	
<b>OTC</b>	\$75 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail order.	
<b>Fitness</b>	\$0 copay for fitness benefits provided through <b>FitOn<sup>®</sup></b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )	
<b>Durable medical equipment (DME)</b>	20% coinsurance for Medicare-covered DME and related supplies*	

\*Indicates a service that may require prior authorization.

\*\*Medicare covered dental, vision and hearing exams, applies the Specialist visit cost share.

**Prescription drug benefits**

**Deductible** Prescription drug deductible: Not applicable.

- You pay the following until your total yearly drug costs reach \$2,000.
- Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
- You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

**Retail cost sharing**

<b>Tier</b>	<b>Preferred 30-day supply</b>	<b>Standard 30-day supply</b>	<b>Preferred 100-day supply</b>	<b>Standard 100-day supply</b>
Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay
Tier 2 (Generic)	\$5 copay	\$20 copay	\$15 copay	\$60 copay
Tier 3 (Preferred brand)	\$47 copay	\$47 copay	\$141 copay	\$141 copay
Tier 4 (Non-preferred drug)	\$100 copay	\$100 copay	\$300 copay	\$300 copay
Tier 5 (Specialty tier)	33% coinsurance	33% coinsurance	Not applicable	Not applicable

**Mail-order cost sharing**

<b>Tier</b>	<b>Preferred 30-day supply</b>	<b>Standard 30-day supply</b>	<b>Preferred 100-day supply</b>	<b>Standard 100-day supply</b>
Tier 1 (Preferred generic)	\$0 copay	\$10 copay	\$0 copay	\$30 copay
Tier 2 (Generic)	\$5 copay	\$20 copay	\$15 copay	\$60 copay
Tier 3 (Preferred brand)	\$47 copay	\$47 copay	\$141 copay	\$141 copay
Tier 4 (Non-preferred drug)	\$100 copay	\$100 copay	\$300 copay	\$300 copay
Tier 5 (Specialty tier)	33% coinsurance	33% coinsurance	Not applicable	Not applicable

- Your cost-sharing may be different if you use a long-term care pharmacy, or an out-of-network pharmacy.

**Catastrophic coverage** After your yearly out-of-pocket drug costs reach \$2,000, the plan pays the full cost for your covered Part D drugs, and you pay nothing.

## DISCLAIMERS

This document is available in alternate formats.

Capital Blue Cross is a PPO Plan with a Medicare Contract. Enrollment in Capital Blue Cross depends on contract renewal. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

Health coverage is offered by Capital Advantage Insurance Company<sup>®</sup>, a subsidiary of Capital Blue Cross.

<sup>1</sup>This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

<sup>2</sup>The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

<sup>3</sup>Out-of-network/non-contracted providers are under no obligation to treat Capital Blue Cross members, except in emergency situations. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

<sup>4</sup>You must continue to pay your Medicare Part B premium.

<sup>5</sup>TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc., an independent company. On behalf of Capital Blue Cross, TruHearing, Inc. provides this routine hearing benefit program.

All content ©2024 TruHearing, Inc. All Rights Reserved. TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

<sup>6</sup>On behalf Capital Blue Cross, FitOn Health, an independent company, assists in the administration of this fitness program.

FitOn Health is an independent company offering members a fitness benefit.

Use of the FitOn Health service is subject to the Terms of Use and Privacy Policy, available at [fitonhealth.com](https://fitonhealth.com).

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# BlueJourney Value (HMO) Summary of Benefits

January 1, 2025 – December 31, 2025

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To join BlueJourney Value (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 800.779.6962 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

BlueJourney Value (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. If you don't use providers in our network, your services will not be covered, and you will pay more, except for emergency and urgent care.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what BlueJourney Value (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](http://Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [Medicare.gov](http://Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in alternate formats. For additional information, call us at 800.779.6962 (TTY: 711).

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## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.

Medical benefits	
In-network	
Monthly plan premium <sup>4</sup>	\$53 per month
Deductible	\$0
Maximum out-of-pocket responsibility	\$6,000 for services you receive from in-network providers.
Inpatient hospital	Days 1-5: \$125 copay per day per admission*
Outpatient hospital (surgery)	Outpatient surgery: \$0 - \$250 copay* Ambulatory surgical center: \$0 - \$200 copay*
Doctor's office visits	Primary care physician visit: \$5 copay Specialist visit: \$25 copay
Preventive care	\$0 copay for all Medicare-covered preventive services
Emergency care	\$125 copay per visit
Urgently needed services	\$50 copay per visit
Diagnostic services/ labs/ imaging	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$125 copay* X-rays: \$25 copay Therapeutic radiology services: 20% coinsurance*
Hearing services**	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing<sup>®</sup></i> ) <sup>5</sup>
	Prescription hearing aids: ( <i>copay applies to one per ear, per year</i> ) \$499 Standard Aid/ \$699 Advanced Aid/ \$999 Premium Aid ( <i>must use TruHearing<sup>®</sup></i> ) <sup>5</sup>
Dental services**	Preventive dental services: ( <i>two visits per year</i> )
	Preventive dental services: \$0 copay
	Comprehensive dental services: 50% coinsurance
	Preventive and comprehensive dental services: \$2,500 annual maximum allowance
Vision services**	Routine eye exam: \$0 copay ( <i>one visit per year</i> )
	Up to \$200 per year for one pair of eyeglasses (frames and lenses) or contact lenses.
Mental health care	Individual or group outpatient therapy visit: \$25 copay Inpatient mental health care: Days 1-5: \$125 copay per day per admission*
Skilled nursing facility (SNF)	Days 1-20: \$10 copay per day* Days 21-100: \$214 copay per day*
Outpatient rehabilitation	Occupational, physical, and speech and language therapy visit: \$30 copay
Ambulance	Ground/air ambulance: \$200 copay*
Transportation	\$0 copay (must use our vendor) 12 one-way trips annually to Plan approved health-related location. *
Medicare Part B drugs	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*
OTC	\$75 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail-order.
Fitness	\$0 copay for fitness benefits provided through <b>FitOn<sup>®</sup></b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )
Durable medical equipment (DME)	20% coinsurance for Medicare-covered DME and related supplies*

\*Indicates a service that may require prior authorization.

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# BlueJourney Premier (HMO) Summary of Benefits

January 1, 2025 – December 31, 2025

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To join BlueJourney Premier (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York.

You may have questions as you read through this information and that's OK – we're here to help.

**Not a member yet?**

**Call 800.990.4201 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

**Already a member?**

**Call 800.779.6962 (TTY: 711).** Hours are Monday through Friday, 8:00 AM to 8:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

You can also visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) for more information.

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The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). You may also call us and ask us to mail you an Evidence of Coverage.<sup>1</sup>

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## Which Doctors, Hospitals, and Pharmacies can I use?<sup>2</sup>

BlueJourney Premier (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. If you don't use providers in our network, your services will not be covered, and you will pay more, except for emergency and urgent care.<sup>3</sup>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com). Or call us and we will send you a copy of the provider/pharmacy directories.

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what BlueJourney Premier (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](http://Medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [Medicare.gov](http://Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in alternate formats. For additional information, call us at 800.779.6962 (TTY: 711).

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## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [CapitalBlueMedicare.com](http://CapitalBlueMedicare.com).
- Or call us and we will send you a copy of the formulary.



Medical benefits	
In-network	
Monthly plan premium <sup>4</sup>	\$84 per month
Deductible	\$0
Maximum out-of-pocket responsibility	\$4,700 for services you receive from in-network providers.
Inpatient hospital	Days 1-4: \$125 copay per day per admission*
Outpatient hospital (surgery)	Outpatient surgery: \$0 - \$200 copay* Ambulatory surgical center: \$0 - \$125 copay*
Doctor's office visits	Primary care physician visit: \$5 copay Specialist visit: \$20 copay
Preventive care	\$0 copay for all Medicare-covered preventive services
Emergency care	\$125 copay per visit
Urgently needed services	\$30 copay per visit
Diagnostic services/ labs/ imaging	Diagnostic tests, procedures, and lab services: \$0 copay* Diagnostic radiology services (such as MRI, CAT Scan): \$0 - \$50 copay* X-rays: \$25 copay Therapeutic radiology services: 20% coinsurance*
Hearing services**	Routine hearing exam: \$0 copay ( <i>one routine exam per year, must use TruHearing<sup>®</sup></i> ) <sup>5</sup>
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	Preventive and comprehensive dental services: \$3,000 annual maximum allowance
Vision services**	Routine eye exam: \$0 copay ( <i>one visit per year</i> )
	Up to \$200 per year for one pair of eyeglasses (frames and lenses) or contact lenses.
Mental health care	Individual or group outpatient therapy visit: \$20 copay Inpatient mental health care: Days 1-4: \$125 copay per day per admission*
Skilled nursing facility (SNF)	Days 1-20: \$10 copay per day* Days 21-100: \$200 copay per day*
Outpatient rehabilitation	Occupational, physical, and speech and language therapy visit: \$20 copay
Ambulance	Ground/air ambulance: \$150 copay*
Transportation	\$0 copay (must use our vendor) 12 one-way trips annually to Plan approved health-related location*
Medicare Part B drugs	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*
OTC	\$100 quarterly allowance for plan approved over-the-counter (OTC) drugs and supplies from participating retail locations or via mail order.
Fitness	\$0 copay for fitness benefits provided through <b>FitOn<sup>®</sup></b> <sup>6</sup> ( <i>Must use FitOn Health Network</i> )
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## Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Service representative at 800.779.6962 for HMO questions or 866.987.4213 (TTY: 711) for PPO questions.

### Understanding the benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com) or call HMO: 800.779.6962 or PPO: 866.987.4213 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

### Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2026.
- HMO plans only:* Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- PPO plans only:* Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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[CapitalBlueCrossMedicare.com](https://www.CapitalBlueCrossMedicare.com)

