

COLONIE CHAMBER OF COMMERCE 2019 GROUP MEDICARE ADVANTAGE PLAN OPTIONS

Network Type	Blue Shield Freedom Premier	Blue Shield Forever Blue 770 PPO	Forever Blue PPO Value Plan	Forever Blue PPO 799 Essential
	HMO-POS (INN & OON; OON Ltd. & capped)	In & Out of Network	In & Out of Network	In & Out of Network

Abbreviations used below: Appd=approved/Covd=covered/N/A=Not applicable/ INN=In Network/OON=Out of network/Prov=provider/Rx=Medication/par=participating /Emer= Emergency/Eqpt=equipment

General Plan Information	Annual Deductible	Rx Only: Tiers 1-2 \$0 Ded; Tiers 3-5 \$100	\$0	\$0	\$0
	Out of Pocket Max	INN: \$5,500 / OON N/A OON Cov Limit: \$25K	INN: \$5500 OON: N/A - Combined: \$8500	INN: \$4K / OON: \$6,100 Combined	\$5,000
	Co-insurance split	N/A	20-25% for some services	30% on some services	20% or 30%; Depends on svc
Physician & Other Health Professional Services	<i>Preventive Care</i>	INN: \$0 / OON: 50%	INN: \$0 / OON: 25%	INN: \$0 / OON: 30%	INN: \$0 / OON: \$45
	Primary Care Dr. Visit	INN: \$15 / OON: 50%	INN: \$10 / OON: 25%	INN: \$25 / OON: 30%	INN: \$35 / OON: \$35
	Specialist Office Visit	INN: \$36 / OON: \$36	INN: \$22 / OON: 25%	Inn: \$40 / OON: 30%	INN: \$45 / OON: \$45
	Radiation therapy	INN: \$15 / OON: 50%	INN: 20% / OON: 25%	Inn: \$40 / OON: \$45	INN: \$45 / OON: \$45
	ER (waived if admitted)	INN: \$90 / OON: \$90	INN: \$90 / OON: \$90	INN: \$75 / OON: \$75	INN: \$75 / OON: \$75
	Urgent Care	INN: \$65 / OON: \$65	INN: \$65 / OON: \$65	INN: \$65 / OON: \$65	INN: \$65 / OON: \$65
	Ambulance	INN: \$225 / OON: \$225	INN: \$150 / OON: \$150	INN: \$125 / OON: \$125	INN: \$150 / OON: \$150
	Lab Tests	INN: \$5 / OON: \$5	INN: \$5 / OON: 25%	INN: \$10 / OON: 30%	INN: \$10 / OON: \$45
	Telemed (Dr. on Demand)	INN: \$20 / OON: No Cov	INN: \$15 / OON: \$15	INN: \$30 / OON: \$30	INN: \$30 / OON: \$30
Rehab Services	X-Rays - Scans	Xrays I/O \$50/50% Scans I/O \$200/50%	INN: \$40x/\$125scn / OON: 25% each	INN: \$40x/\$80scn / OON: 30% each	INN & OON: \$45 xray / \$80 scn
	Cardiac Rehab	INN: \$5 / OON: 50%	INN:\$15/OON:25%	INN: \$10 / OON: 30%	INN: \$45 / OON: \$45
	PT / OT / ST	INN: \$40 / OON: 50%	INN:\$25/OON:25%	INN: \$10 / OON: 30%	INN: \$40 / OON: \$45
Dental	Chiropractic Care	INN: \$20 / OON: 50%	INN:\$20/OON:25%	INN: \$20 / OON: 30%	INN: \$20 / OON: \$45
	Dental Allowance	Not Covered	No dental allowance on this plan	INN & OON: \$75 Annually	INN & OON: \$75 Annually
Hearing	Routine / Dx Exam	\$699/\$999	INN:\$45/\$22 / OON: \$45/25%	INN/OON: \$45 - INN: \$40/OON: 30%	INN: \$45ea / OON: \$45ea
Hospital & Skilled Services	Hospital Inpatient	INN: \$295 days1-4 / OON: 50%	INN: \$205/day 1-7 OON:30%	INN: \$300/stay / OON: 30%	INN: \$500 / OON:20%
	OutPatient Surgery	Hosp & OP Fac: INN: \$325 & \$275 / OON: 50%	INN: \$250 Hosp: \$175 Cntr/ OON: both 25%	Hosp & OP Fac: INN: \$100 / OON: \$275	Hosp & OP Fac: INN: \$150 / OON: \$200
	Home Health Care	INN: Covd In Full / OON: No Cov	\$0	INN: \$0 / OON: 30%	INN: \$0 / OON:\$10
	Skilled Nursing Facility	INN: \$0 days 1-20/\$172 days21-100	\$0 days 1-20; \$172/day 21-100	INN: \$40/day 1-20, \$0/day 21-100	INN: \$500 / OON:20%
	ALL Plans: 100 days/yr	OON: NO Cov	No annual benefit max	OON: 30% / day	N/A
Vision	Dialysis	INN: 20%/OON: \$0-20% due to prov location*	INN:20% OON: 20-50% due to prov location*	INN:\$0 OON: \$0-20% based on prov*	INN:\$0 OON: \$0-20% based on prov*
	Routine Exam/Med Nec Hardware Discount?	INN: \$25 / OON: 20% \$100 Hardware allowance annually	INN: \$25/\$22 OON: 20 & 25% \$100 Annual for lenses & frames	INN: \$25/\$40 OON: 20% &30% \$200 Hardware allowance annually	INN: \$25/\$45 OON: 20%/ \$45 \$200 Hardware allowance annually
Prescription	Part B Rx** INN	INN: 20% OON: 50%	INN: 20% OON: 25% <i>except</i>	INN: \$0/\$0/\$0/20%/20%	INN: \$0/\$0/\$0/20%/20%
	Part B Rx** OON		Nebulizer solution INN: \$25 OON: 25%	OON: \$0/\$0/20%/20%/20%	OON: \$0/\$0/20%/20%/20%
Part D Meds	at Preferred*** pharm	\$0/\$5/\$42/\$94/31%	\$2/\$12/\$42/\$94/\$33	\$5/\$15/\$40/\$90/33%	INN & OON: \$5/\$15/\$30/\$50/\$50
	at Standard*** pharm	\$5/\$10/\$47/\$100/\$31%	\$7/\$17/\$47/\$55/\$55	\$10/\$20/\$45/\$95/33%	INN & OON: \$10/\$20/\$35/\$55/\$55
Equipment	Rx Coverage Gap	Tier 1 Rx \$0 Pf:\$5St / Tiers 2-5 Discnts Only	Tier 1 Rx \$2Pf:\$7St / Tiers 2-5 Discnts only	N/A - No Cov Gap	N/A - No Cov Gap
	DME	INN: \$0 compression hose / 20% all others OON: Freedom Premier & 770 PPO: 50% PPO Value & PPO 799 Plans: 30%			
	Prosthetics	INN: \$0 diabetic shoes/inserts / 20% All others OON: Freedom Premiere & 770 PPO: 50% PPO Value & PPO 799 Plans: 30%			
Premiums	Diabetic Supplies	INN: 0% OON: 50%	INN: 0% OON: 50%	INN: 0% / OON: 30%	INN: 0% / OON: 30%
	Monthly Premiums	\$118.00	\$205.00	\$315.00	\$378.00

Notes
 *OON Dialysis based on provider location; please ask for summary for clarification.
 ** Medicare requires certain meds & needs (ex: test strips/oral chemo/immunosuppressives/nebulizers/Dr. given injectibles/wheelchairs) be covered under Part B *Medical* coverage. *Part D =regular* meds (BP, etc.)
 ***Preferred pharmacies include but are not limited to Hannaford & WalMart. Standard pharmacies include CVS, Walgreen & Price Chopper. Mail Order Option available on all plans.

**immunosuppressives/oral chemo/Dr given injectbls
nebulizer inhale solution/Part B drugs-other**

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Applies To All Plans

More than 20 preventive services included at NO cost to you with innetwork providers.

Additional Quest lab sites added!

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\$0 Gym membership - access fitness locations nationwide thru SilverSneakers

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MUST use TruHearing provider
Hearing Aid coverage: Limit 1/ear/year
Less of \$699 or \$999/unit/specific models

CareatHome pgm provides FREE coordinated care in your home.

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\$0 Annual diabetic retinal eye exam

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2019 Freedom Premier & 770 PPO

BOTH have an Rx coverage GAP.

Supplies includes lancets, strips, monitors

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