

Plan Name	BlueMedicare Group PPO Elite (Employer PPO)	BlueMedicare Elite Group PPO Elite (Employer PPO)
Plan Type	Employer PPO	Employer PPO
Service Area/Counties	Nationwide	Nationwide
Year	2021	2022
Plan Financials		
Deductible	In- Network \$0	\$0
	Out-of-Network \$1,000	\$1,000
Maximum Out Of Pocket (INN only)	\$1,000	\$1,000
Maximum Out Of Pocket (OON only)	\$3,000	\$3,000
Combined Maximum Out Of Pocket	\$3,000	\$3,000
Primary Care Physician (PCP)		
	In-Network \$10 Copayment	\$10 Copay
	Out-of-Network DED & 20% Coinsurance	DED & 20% Coinsurance
Physician Specialist		
	In-Network \$25 Copay	\$25 Copay
	Out-of-Network DED & 20% Coinsurance	DED & 20% Coinsurance
Inpatient Hospital Acute (Includes Mental Health and Substance Abuse)		
	In- Network \$200 Copay Each Day for Days 1-5 \$0 Copay After Day 5	\$200 Copay Each Day for Days 1-5 \$0 Copay After Day 5
	Out-of-Network DED & 20% Coinsurance	DED & 20% Coinsurance
Inpatient Mental Health (limited to 190 days per lifetime)		
	Psychiatric Facility	
	In- Network \$200 Copay Each Day for Days 1-7 \$0 Copayment Per Days 8-90	\$200 Copay Each Day for Days 1-7 \$0 Copay Per Days 8-90
	Out-of-Network DED & 20% Coinsurance	DED & 20% Coinsurance
Skilled Nursing Facility (SNF)		
	In- Network \$0 Co-payment Per Days 1-20 \$100 Copay Each Day for Days 21-100	\$0 Copay Per Days 1-20 \$100 Copay Each Day for Days 21-100
	Out-of-Network DED & 20% Coinsurance	DED & 20% Coinsurance
Cardiac Rehabilitation		
	Cardiac/Intensive Cardiac Rehabilitation - All Locations	
	In- Network \$30 Copayment	\$30 Copay
	Out-of-Network DED & 20% Coinsurance	DED & 20% Coinsurance
Pulmonary Rehabilitation (Includes SET for PAD)		
	Pulmonary Rehabilitation - All Locations	
	In- Network \$30 Copayment	\$30 Copay
	Out-of-Network DED & 20% Coinsurance	DED & 20% Coinsurance
Emergency Services		

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Service Area/Counties	Nationwide	Nationwide
Year	2021	2022
In-Network	\$75 Copayment	\$75 Copay
Out-of-Network	\$75 Copayment	\$75 Copay
Urgent Care Center		
In-Network	\$25 Copayment	\$25 Copay
Out-of-Network	\$25 Copayment	\$25 Copay
Convenient Care Center (e.g. Minute Clinics)		
In-Network	\$25 Copayment	\$25 Copay
Out-of-Network	\$25 Copayment	\$25 Copay
Worldwide Emergency/Urgent Services		
Worldwide Emergency/Urgent Benefit Maximum	\$25,000	\$25,000
Emergency Care		
In-Network	\$75 Copayment	\$75 Copay
Out-of-Network	\$75 Copayment	\$75 Copay
Urgent Care		
In-Network	\$75 Copayment	\$75 Copay
Out-of-Network	\$75 Copayment	\$75 Copay
Worldwide Transportation		
In-Network	Not Covered	Not Covered
Out-of-Network	Not Covered	Not Covered
Partial Hospitalization (Care for Mental Health)		
In-Network	\$30 Copayment	\$30 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Home Health Services		
In-Network	\$0 Copayment	\$0 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Hospice - Medicare-Covered Initial Consultation		
In-Network	\$0 Copay	\$0 Copay
Out-of-Network	\$0 Copay	\$0 Copay
Chiropractic		
In-Network	\$20 Copayment	\$20 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Occupational Therapy Rehab		

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Year	2021	2022
Freestanding or Office		
In-Network	\$25 Copayment	\$25 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Outpatient Hospital		
In-Network	\$25 Copayment	\$25 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Mental Health Specialty - Non Physician Level		
Group Sessions - All Locations		
In-Network	\$30 Copayment	\$30 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Individual Sessions - All Locations		
In-Network	\$30 Copayment	\$30 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Podiatry		
Medicare-Covered		
In-Network	\$25 Copayment	\$25 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Routine Supplemental Benefit Max: 6 visits per year		
In-Network	N/A	N/A
Out-of-Network	N/A	N/A
Other Professional Services		
In-Network	\$20 Copay for Acupuncture \$0 Copay All Other	\$20 Copay for Acupuncture \$0 Copay All Other
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Psychiatric Services - Physician Level		
Group Sessions - All Locations		
In-Network	\$30 Copayment	\$30 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Individual Sessions - All Locations		
In-Network	\$30 Copayment	\$30 Copay
Out-of-Network	DED & 20% Coinsurance	DED & 20% Coinsurance
Physical and Speech Therapy Rehab		
Freestanding or Office		

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Year	2021	2022
	In-Network \$25 Copayment	\$25 Copay
	Out-of-Network DED & 20% Coinsurance	DED & 20% Coinsurance
Outpatient Hospital		
	In-Network \$25 Copayment	\$25 Copay
	Out-of-Network DED & 20% Coinsurance	DED & 20% Coinsurance
Additional Telehealth Services		
	<p>In-Network</p> <p>\$25 Copay for Urgently Needed Services \$10 Copay for Primary Care Services \$25 Copay for OT/PT/ST at a freestanding location \$25 Copay OT/PT/ST at an outpatient hospital \$25 Copay for Dermatology Services \$30 Copay for individual sessions for outpatient Mental Health Specialty Services \$30 Copay for individual sessions for outpatient Psychiatry Specialty Services \$30 Copay for Opioid Treatment Program Services \$30 Copay for individual sessions for outpatient Substance Abuse Specialty Services \$0 Copay for Diabetes Self-Management Training \$0 Copay for Dietitian Services</p>	<p>\$25 Copay for Urgently Needed Services \$10 Copay for Primary Care Services \$25 Copay for OT/PT/ST at a freestanding location \$25 Copay OT/PT/ST at an outpatient hospital \$25 Copay for Dermatology Services \$30 Copay for individual sessions for outpatient Mental Health Specialty Services \$30 Copay for individual sessions for outpatient Psychiatry Specialty Services \$30 Copay for Opioid Treatment Program Services \$30 Copay for individual sessions for outpatient Substance Abuse Specialty Services \$0 Copay for Diabetes Self-Management Training \$0 Copay for Dietitian Services</p>