

Monthly Premium, Deductible and Limits

| | BlueMedicare Classic (HMO) Hernando, Hillsborough, Pasco and Polk H1035-021 | BlueMedicare Premier (HMO) Hillsborough and Polk H1035-023 |
|---|---|---|
| Monthly Plan Premium | \$0 You must continue to pay your Medicare Part B premium. | \$0 You must continue to pay your Medicare Part B premium. |
| Deductible | \$0 per year for health care services \$0 per year for Part D prescription drugs | \$0 per year for health care services \$0 per year for Part D prescription drugs |
| Maximum Out-of-Pocket Responsibility | \$4,900 is the most you pay for copays, coinsurance and other costs for Medicare-covered medical services from in-network providers for the year | \$2,000 is the most you pay for copays, coinsurance and other costs for Medicare-covered medical services from in-network providers for the year |

Medical and Hospital Benefits

| | BlueMedicare Classic (HMO) Hernando, Hillsborough, Pasco, and Polk H1035-021 | BlueMedicare Premier (HMO) Hillsborough and Polk H1035-023 |
|------------------------------------|---|---|
| Inpatient Hospital Care ◇ | <ul style="list-style-type: none"> ▪ \$235 copay per day, days 1-8 ▪ \$0 copay per day after day 8 | <ul style="list-style-type: none"> ▪ \$125 copay per day, days 1-6 ▪ \$0 copay per day after day 6 |
| Outpatient Hospital Care ◇ | <ul style="list-style-type: none"> ▪ \$150 copay per visit for Medicare-covered services ▪ \$90 copay per visit for observation services | <ul style="list-style-type: none"> ▪ \$90 copay per visit for Medicare-covered services ▪ \$110 copay per visit for observation services |
| Ambulatory Surgery Center ◇ | <ul style="list-style-type: none"> ▪ \$100 copay for surgery services provided at an Ambulatory Surgery Center | <ul style="list-style-type: none"> ▪ \$75 copay for surgery services provided at an Ambulatory Surgery Center |
| Doctor's Office Visits | <ul style="list-style-type: none"> ▪ \$0 copay per primary care visit ▪ \$40 copay per specialist visit* | <ul style="list-style-type: none"> ▪ \$0 copay per primary care visit ▪ \$15 copay per specialist visit* |
| Preventive Care | \$0 copay for Medicare-covered services <ul style="list-style-type: none"> ▪ Abdominal aortic aneurysm screening ▪ Annual wellness visit ▪ Bone mass measurement ▪ Breast cancer screening (mammograms) ▪ Cardiovascular disease risk reduction | \$0 copay for Medicare-covered services <ul style="list-style-type: none"> ▪ Abdominal aortic aneurysm screening ▪ Annual wellness visit ▪ Bone mass measurement ▪ Breast cancer screening (mammograms) ▪ Cardiovascular disease risk reduction |

