

# 2022 Capital Blue Cross Medicare Advantage Plans

## BlueJourney HMO Plans



Enclosed are the costs for some of our Medicare benefits for our BlueJourney HMO plans. It is not a complete list. For more information about these plans, refer to the Summary of Benefits, visit CapitalBlueMedicare.com, or call us at 1-800-990-4201 (TTY: 711).

Plan Benefits (Benefit cost-sharing is per visit or per stay)	Capital Blue Cross BlueJourney Essential HMO H3962-007	Capital Blue Cross BlueJourney Value HMO H3962-004	Capital Blue Cross BlueJourney Premier HMO H3962-001
Service Area	Pennsylvania Counties: Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York		
Premium and Out-of-Pocket Limit			
Monthly Premium	\$0.00	\$60.00	\$116.00
Plan Deductible	\$0 deductible	\$0 deductible	\$0 deductible
Annual Maximum Out-of-Pocket Amounts (Includes Medicare Part A & B services)	\$7,500 maximum	\$5,000 maximum	\$4,500 maximum
Doctor Services			
Primary Care Physician (PCP) Services (Includes Telehealth visits)	\$5 copay	\$5 copay	\$5 copay
Physician Specialist Services (Includes Telehealth visits)	\$35 copay	\$30 copay	\$20 copay
Outpatient Mental Health Visits (Includes Telehealth visits)	\$40 copay	\$30 copay	\$20 copay
Physical, Occupational, and Speech Therapy	\$30 copay	\$30 copay	\$20 copay
Medicare-covered Preventive Services and Annual Routine Physical Exam	\$0 copay	\$0 copay	\$0 copay
Emergency and Urgent Care			
Emergency Room Visits (Includes worldwide visits)	\$90 copay	\$90 copay	\$90 copay
Urgent Care Visits (Includes worldwide visits)	\$40 copay	\$50 copay	\$30 copay
Worldwide Coverage Annual Maximum (Outside the United States)	\$20,000 plan maximum per year	\$20,000 plan maximum per year	\$20,000 plan maximum per year

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<b>Hospital and Outpatient Services</b>			
<b>Inpatient Hospital Care</b>	\$200 copay per day (days 1-8) per stay	\$150 copay per day (days 1-5) per stay	\$100 copay per day (days 1-5) per stay
<b>Skilled Nursing Facility</b>	\$0 copay (days 1-20) \$188 copay (days 21-100)	\$0 copay (days 1-20) \$188 copay (days 21-100)	\$0 copay (days 1-20) \$175 copay (days 21-100)
<b>Outpatient Hospital Services (Surgery)</b>	\$375 copay	\$300 copay	\$225 copay
<b>Ambulatory Surgical Center Services</b>	\$275 copay	\$200 copay	\$75 copay
<b>Lab Services</b>	\$0-\$25 copay	\$0-\$20 copay	\$0-\$20 copay
<b>X-Ray Services</b>	\$50 copay	\$25 copay	\$25 copay
<b>Diagnostic Radiology Services</b> (Includes CT, MRI, MRAs, etc.)	\$250 copay per visit	\$150 copay per visit	\$75 copay per visit
<b>Durable Medical Equipment/Prosthetics</b>	20% coinsurance	20% coinsurance	20% coinsurance
<b>Routine Dental, Hearing, Vision Services</b>			
<b>Preventive Dental Exam &amp; Cleaning</b> (Up to 2 exams and 2 bite-wing x-rays per year)	\$10 copay	\$10 copay	\$10 copay
<b>Comprehensive Dental Services</b> (Includes fillings, extractions, crowns, dentures)	50% coinsurance \$2,000 maximum allowance per year (in-network only)	50% coinsurance \$2,000 maximum allowance per year (in-network only)	50% coinsurance \$2,000 maximum allowance per year (in-network only)
<b>Routine Eye Exams</b> (Includes 1 exam per year)	\$20 copay	\$20 copay	\$20 copay
<b>Routine Eyewear</b> (Includes Eyeglass Frames or Contact Lenses)  Eyeglass Lenses (single, bifocal, trifocal lenses)	\$125 maximum allowance per year (in-network only)  1 pair standard eyeglass lenses per year covered in full (in-network only)	\$125 maximum allowance per year (in-network only)  1 pair standard eyeglass lenses per year covered in full (in-network only)	\$125 maximum allowance per year (in-network only)  1 pair standard eyeglass lenses per year covered in full (in-network only)

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Routine Hearing Exams (Includes 1 exam per year & 1 fitting every 3 years)	\$0 copay			\$0 copay			\$0 copay	
Hearing Aids	\$800 maximum allowance every 3 years (in-network only)			\$800 maximum allowance every 3 years (in-network only)			\$800 maximum allowance every 3 years (in-network only)	
Supplemental Benefits								
Fitness Benefit	\$0 copay for Silver Sneakers			\$0 copay for Silver Sneakers			\$0 copay for Silver Sneakers	
Capital Blue Cross Virtual Care Visits	\$0 copay			\$0 copay			\$0 copay	
Transportation Services (Plan Approved Trips)	\$0 copay Limit 24 round trips			\$0 copay Limit 24 round trips			\$0 copay Limit 24 round trips	
In Home Support Services (Papa Pals)	Not covered			\$0 copay for 5 hours per month			\$0 copay for 5 hours per month	
Over The Counter (OTC) Items	\$25 OTC allowance per month through participating retailers or mail-order			\$25 OTC allowance per month through participating retailers or mail-order			\$25 OTC allowance per month through participating retailers or mail-order	
Healthy Food & Produce (Available to members with qualifying chronic conditions <sup>1</sup> )	\$20 allowance per month through participating retailers			\$20 allowance per month through participating retailers			\$20 allowance per month through participating retailers	
Prescription Drugs - Retail Pharmacy								
Part D Drug Deductible	\$0 deductible			\$0 deductible			\$0 deductible	
Type of Pharmacy	Preferred	Standard		Preferred	Standard		Preferred	Standard
Tier 1 - Preferred Generic Drugs	30 day 90 day	\$0 copay \$0 copay	\$7 copay \$21 copay		\$0 copay \$0 copay	\$7 copay \$21 copay		\$0 copay \$0 copay
Tier 2 - Generic Drugs	30 day 90 day	\$5 copay \$15 copay	\$15 copay \$45 copay		\$5 copay \$15 copay	\$15 copay \$45 copay		\$0 copay \$0 copay
Tier 3 - Preferred Brand Drugs	30 day 90 day	\$40 copay \$120 copay	\$47 copay \$141 copay		\$40 copay \$120 copay	\$47 copay \$141 copay		\$40 copay \$80 copay
Tier 4 - Non-Preferred Drugs	30 day 90 day	\$93 copay \$279 copay	\$100 copay \$300 copay		\$93 copay \$279 copay	\$100 copay \$300 copay		\$93 copay \$186 copay
Tier 5 - Specialty Drugs	30 day Only	33% coinsurance	33% coinsurance		33% coinsurance	33% coinsurance		33% coinsurance
Tier 6 - Select Care Drugs	30 day 90 day	\$0 copay \$0 copay	\$7 copay \$21 copay		\$0 copay \$0 copay	\$7 copay \$21 copay		\$0 copay \$0 copay

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Part D Insulin Saver	30 day	\$10 copay	\$10 copay		\$5 copay	\$5 copay		\$5 copay	\$5 copay
	90 day	\$30 copay	\$30 copay		\$15 copay	\$15 copay		\$15 copay	\$15 copay
Initial Coverage Limit Maximum		\$4,430			\$4,430			\$4,430	
Coverage Gap									
Generic & Brand Drugs (Tiers 1 through 6)		25% coinsurance			25% coinsurance			Tiers 1, 2, 6 - gap coverage Tiers 3, 4, 5, - 25% coinsurance	
True Out-of-Pocket (TrOOP) Maximum		\$7,050			\$7,050			\$7,050	

Additional Information/Disclaimers:

<sup>1</sup> Healthy Food and Produce is a Special Supplemental Benefit for the Chronically Ill (SSBCI). Qualifying members must have one of the following chronic conditions that is identified through medical claims data to be eligible to enroll in this benefit. Qualified chronic conditions include diabetes, cardiovascular disease, chronic lung disorder, and congestive heart failure.

BlueJourney HMO is offered by Keystone Health Plan<sup>®</sup> Central, a Medicare Advantage organization with a Medicare contract. Enrollment in BlueJourney HMO depends on contract renewal.

Capital Blue Cross and its subsidiary Keystone Health Plan Central are independent licensees 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.

See the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Existing members: please call Member Services at 1-800-779-6962 (TTY: 711) for more information. Prospective members: please call our Medicare Sales Representatives at 1-800-990-4201 (TTY: 711).

Capital Blue Cross - BlueJourney HMO Plan's pharmacy network includes limited lower-cost, preferred pharmacies. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call or consult the online pharmacy directory at CapitalBlueMedicare.com.

SilverSneakers<sup>®</sup> is a program of Tivity Health. On behalf of Capital Blue Cross, Tivity Health assists in the administration of this fitness program. Tivity Health is an independent company.

Capital Blue Cross Virtual Care Visit Tools are provided by American Well Corp (Amwell). American Well is an independent company.

Papa Pals is a program of Papa Inc. On behalf of Capital Blue Cross, Papa Inc. assists in the administration of the Papa Pals program. Papa Inc. is an independent company.