

2022 Capital Blue Cross Medicare Advantage Plans

BlueJourney PPO Plans



Enclosed are the costs for some of our Medicare benefits for our BlueJourney PPO 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 Select PPO H3923-028	Capital Blue Cross BlueJourney Classic PPO H3923-013	Capital Blue Cross BlueJourney Prime PPO H3923-017
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	\$50.00	\$172.00
Plan Deductible	\$0 deductible	\$0 deductible	\$0 deductible
Annual Maximum Out-of-Pocket Amounts (Includes Medicare Part A & B services)	\$7,000 In-network \$11,300 Combined (In/Out-of-network)	\$6,700 In-network \$10,000 Combined (In/Out-of-network)	\$5,000 In-network \$10,000 Combined (In/Out-of-network)
Doctor Services			
Primary Care Physician (PCP) Services (Includes Telehealth visits)	\$5 copay (in- or out-of-network)	\$5 copay (in- or out-of-network)	\$5 copay (in- or out-of-network)
Physician Specialist Services (Includes Telehealth visits)	\$40 copay (in- or out-of-network)	\$30 copay (in- or out-of-network)	\$25 copay (in- or out-of-network)
Outpatient Mental Health Visits (Includes Telehealth visits)	\$40 copay (in- or out-of-network)	\$30 copay (in- or out-of-network)	\$25 copay (in- or out-of-network)
Physical, Occupational, and Speech Therapy	\$40 copay (in- or out-of-network)	\$35 copay (in- or out-of-network)	\$25 copay (in- or out-of-network)
Medicare-covered Preventive Services and Annual Routine Physical Exam	\$0 copay (in-network) 20% coinsurance (out-of-network)	\$0 copay (in-network) 20% coinsurance (out-of-network)	\$0 copay (in-network) 20% coinsurance (out-of-network)
Emergency and Urgent Care			
Emergency Room Visits (Includes worldwide visits)	\$90 copay	\$90 copay	\$90 copay
Urgent Care Visits (Includes worldwide visits)	\$50 copay	\$45 copay	\$35 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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Hospital and Outpatient Services			
Inpatient Hospital Care	\$325 copay per stay (in- or out-of-network)	\$240 copay per day (days 1-5) per stay (in- or out-of-network)	\$125 copay per day (days 1-5) per stay (in- or out-of-network)
Skilled Nursing Facility	\$0 copay (days 1-20) \$188 copay (days 21-100) (in- or out-of-network)	\$0 copay (days 1-20) \$188 copay (days 21-100) (in- or out-of-network)	\$0 copay (days 1-20) \$175 copay (days 21-100) (in- or out-of-network)
Outpatient Hospital Services (Surgery)	\$350 copay (in- or out-of-network)	\$300 copay (in- or out-of-network)	\$225 copay (in- or out-of-network)
Ambulatory Surgical Center Services	\$350 copay (in- or out-of-network)	\$225 copay (in- or out-of-network)	\$125 copay (in- or out-of-network)
Lab Services	\$0 - \$25 copay (in-network) 20% coinsurance (out-of-network)	\$0 - \$20 copay (in-network) 20% coinsurance (out-of-network)	\$0 - \$20 copay (in- or out-of-network)
X-Ray Services	\$40 copay (in-network) 20% coinsurance (out-of-network)	\$25 copay (in-network) 20% coinsurance (out-of-network)	\$20 copay (in- or out-of-network)
Diagnostic Radiology Services (Includes CT, MRI, MRAs, etc.)	\$275 copay (in-network) 20% coinsurance (out-of-network)	\$230 copay (in-network) 20% coinsurance (out-of-network)	\$125 copay (in- or out-of-network)
Durable Medical Equipment/Prosthetics	20% coinsurance (in- or out-of-network)	20% coinsurance (in- or out-of-network)	20% coinsurance (in- or out-of-network)
Routine Dental, Hearing, Vision Services			
Preventive Dental Exam & Cleaning (Up to 2 exams and 2 bite-wing x-rays per year)	\$10 copay (in-network) 50% coinsurance (out-of-network)	\$10 copay (in-network) 50% coinsurance (out-of-network)	\$10 copay (in-network) 50% coinsurance (out-of-network)
Comprehensive Dental Services (Includes fillings, extractions, crowns, dentures)	50% coinsurance \$2,000 maximum allowance per year (combined in- and out-of-network)	50% coinsurance \$2,000 maximum allowance per year (combined in- and out-of-network)	50% coinsurance \$2,000 maximum allowance per year (combined in- and out-of-network)
Routine Eye Exams (Includes 1 exam per year)	\$20 copay (in-network) 50% coinsurance (out-of-network)	\$20 copay (in-network) 50% coinsurance (out-of-network)	\$20 copay (in-network) 50% coinsurance (out-of-network)
Routine Eyewear (Includes Eyeglass Frames or Contact Lenses)	\$125 maximum allowance per year (combined in- and out-of-network)	\$125 maximum allowance per year (combined in- and out-of-network)	\$125 maximum allowance per year (combined in- and out-of-network)
Eyeglass Lenses (single, bifocal, trifocal lenses)	1 pair standard eyeglass lenses per year covered in full (in-network)	1 pair standard eyeglass lenses covered in full (in-network)	1 pair standard eyeglass lenses covered in full (in-network)

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Routine Hearing Exams (Includes 1 exam per year & 1 fitting every 3 years)	\$0 copay (in-network) 50% coinsurance (out-of-network)		\$0 copay (in-network) 50% coinsurance (out-of-network)		\$0 copay (in-network) 50% coinsurance (out-of-network)		
Hearing Aids	\$800 maximum allowance every 3 years (combined in- and out-of-network)		\$800 maximum allowance every 3 years (combined in- and out-of-network)		\$800 maximum allowance every 3 years (combined in- and out-of-network)		
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 8 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 ¹)	\$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	\$5 copay \$15 copay	\$12 copay \$36 copay	\$0 copay \$0 copay	\$10 copay \$30 copay	\$0 copay \$0 copay	\$8 copay \$24 copay
Tier 2 - Generic Drugs	30 day 90 day	\$15 copay \$45 copay	\$20 copay \$60 copay	\$5 copay \$15 copay	\$20 copay \$60 copay	\$5 copay \$15 copay	\$20 copay \$60 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 \$120 copay	\$47 copay \$141 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 \$279 copay	\$100 copay \$300 copay
Tier 5 - Specialty Drugs	30 day ONLY	33% coinsurance	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	\$7 copay \$21 copay

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Part D Insulin Saver	30 day	\$15 copay	\$15 copay	\$5 copay	\$5 copay	\$5 copay
	90 day	\$45 copay	\$45 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		25% coinsurance
True Out-of-Pocket (TrOOP) Maximum		\$7,050		\$7,050		\$7,050

Additional Information/Disclaimers:

¹ 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 PPO is offered by Capital Advantage Insurance Company®, a Medicare Advantage organization with a Medicare contract. Enrollment in BlueJourney PPO depends on contract renewal.

Capital Blue Cross and its subsidiary Capital Advantage Insurance Company 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 1-866-987-4213 (TTY: 711) for more information. Prospective members: please call our Medicare Sales Representatives at 1-800-990-4201 (TTY: 711). **PPO Plans:** Out-of-network/non-contracted providers are under no obligation to treat 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 for our PPO plans.

Capital Blue Cross - BlueJourney PPO 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.

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