

# 2022 Medicare Advantage Plans

## Capital Blue Cross | WellSpan Health Plans



Enclosed are the costs for some of our Medicare benefits for our Capital Blue Cross | WellSpan Health PPO and 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   WellSpan Health Advantage PPO H3923-029	Capital Blue Cross   WellSpan Health AdvantagePlus PPO H3923-030	Capital Blue Cross   WellSpan Health Inspire HMO H3962-021
Service Area	Adams, Cumberland, Franklin, Lancaster, Lebanon, and York	Adams, Cumberland, Franklin, Lancaster, Lebanon, and York	Adams, Cumberland, Franklin, Lancaster, Lebanon, and York
Premium and Out-of-Pocket Limit			
Monthly Premium	\$0.00	\$19.00	\$0.00
Plan Deductible	\$0 deductible	\$0 deductible	\$0 deductible
Annual Maximum Out-of-Pocket Amounts (Includes Medicare Part A & B services)	\$6,600 In-network \$11,300 Combined (In/Out-of-network)	\$5,900 In-network \$11,300 Combined (In/Out-of-network)	\$6,000 In-network
Doctor Services			
Primary Care Physician (PCP) Services (Includes Telehealth visits)	\$0 copay (in-network) \$5 copay (out-of-network)	\$0 copay (in-network) \$5 copay (out-of-network)	\$0 copay
Physician Specialist Services (Includes Telehealth visits)	\$40 copay (in- or out-of-network)	\$30 copay (in- or out-of-network)	\$30 copay
Outpatient Mental Health Visits (Includes Telehealth visits)	\$40 copay (in- or out-of-network)	\$30 copay (in- or out-of-network)	\$30 copay
Physical, Occupational, and Speech Therapy	\$30 copay (in- or out-of-network)	\$30 copay (in- or out-of-network)	\$30 copay
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
Emergency and Urgent Care			
Emergency Room Visits (Includes worldwide visits)	\$90 copay	\$90 copay	\$90 copay
Urgent Care Visits (Includes worldwide visits)	\$50 copay	\$50 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

Plan Benefits (Benefit cost-sharing is per visit or per stay)	Capital Blue Cross   WellSpan Health Advantage PPO H3923-029	Capital Blue Cross   WellSpan Health AdvantagePlus PPO H3923-030	Capital Blue Cross   WellSpan Health Inspire HMO H3962-021
<b>Hospital and Outpatient Services</b>			
<b>Inpatient Hospital Care</b>	\$300 copay per stay (in- or out-of-network)	\$275 copay per stay (in- or out-of-network)	\$190 copay per stay
<b>Skilled Nursing Facility</b>	\$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) \$188 copay (days 21-100)
<b>Outpatient Hospital Services (Surgery)</b>	\$315 copay (in- or out-of-network)	\$275 copay (in- or out-of-network)	\$300 copay
<b>Ambulatory Surgical Center Services</b>	\$300 copay (in- or out-of-network)	\$225 copay (in- or out-of-network)	\$250 copay
<b>Lab Services</b>	\$0 - \$25 copay (in-network) 20% coinsurance (out-of-network)	\$0 - \$25 copay (in-network) 20% coinsurance (out-of-network)	\$0-\$25 copay
<b>X-Ray Services</b>	\$25 copay (in-network) 20% coinsurance (out-of-network)	\$50 copay (in-network) 20% coinsurance (out-of-network)	\$50 copay
<b>Diagnostic Radiology Services</b> (Includes CT, MRI, MRAs, etc.)	\$250 copay (in-network) 20% coinsurance (out-of-network)	\$205 copay (in-network) 20% coinsurance (out-of-network)	\$250 copay per visit
<b>Durable Medical Equipment/Prosthetics</b>	20% coinsurance (in- or out-of-network)	20% coinsurance (in- or out-of-network)	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)	\$0 copay (in-network) 50% coinsurance (out-of-network)	\$0 copay (in-network) 50% coinsurance (out-of-network)	\$0 copay
<b>Comprehensive Dental Services</b> (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 (in-network only)
<b>Routine Eye Exams</b> (Includes 1 exam per year)	\$0 copay (in-network) 50% coinsurance (out-of-network)	\$0 copay (in-network) 50% coinsurance (out-of-network)	\$0 copay
<b>Routine Eyewear</b> (Includes Eyeglass Frames or Contact Lenses)  Eyeglass Lenses (single, bifocal, trifocal lenses)	\$125 maximum allowance per year (combined in- and out-of-network)  1 pair standard eyeglass lenses per year covered in full (in-network)	\$125 maximum allowance per year (combined in- and out-of-network)  1 pair standard eyeglass lenses per year covered in full (in-network)	\$125 maximum allowance per year (combined in- and out-of-network)  1 pair standard eyeglass lenses per year covered in full (in-network)

Plan Benefits (Benefit cost-sharing is per visit or per stay)	Capital Blue Cross   WellSpan Health Advantage PPO H3923-029			Capital Blue Cross   WellSpan Health AdvantagePlus PPO H3923-030		Capital Blue Cross   WellSpan Health Inspire HMO H3962-021	
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	
Hearing Aids	\$400 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 (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 8 round trips			\$0 copay Limit 24 round trips		\$0 copay Limit 12 round trips	
Over The Counter (OTC) Items	\$30 OTC allowance per month through participating retailers or mail-order			\$30 OTC allowance per month through participating retailers or mail-order		\$30 OTC allowance per month through participating retailers or mail-order	
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	\$8 copay \$24 copay	\$15 copay \$45 copay		\$0 copay \$0 copay	\$15 copay \$45 copay	\$0 copay \$0 copay
Tier 2 - Generic Drugs	30 day 90 day	\$12 copay \$36 copay	\$20 copay \$60 copay		\$0 copay \$0 copay	\$20 copay \$60 copay	\$5 copay \$15 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
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
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

Plan Benefits (Benefit cost-sharing is per visit or per stay)	Capital Blue Cross   WellSpan Health Advantage PPO			Capital Blue Cross   WellSpan Health AdvantagePlus PPO			Capital Blue Cross   WellSpan Health Inspire HMO	
	H3923-029			H3923-030			H3962-021	
Part D Insulin Saver	30 day 90 day	\$5 copay \$15 copay	\$5 copay \$15 copay		\$5 copay \$15 copay	\$5 copay \$15 copay	\$5 copay \$15 copay	\$5 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:

Capital Blue Cross | Wellspan Health PPO is offered by Capital Advantage Insurance Company®, a Medicare Advantage organization with a Medicare contract. Capital Blue Cross | Wellspan Health HMO is offered by Keystone Health Plan® Central, a Medicare Advantage organization with a Medicare contract. Enrollment in Capital Blue Cross | WellSpan Health PPO and Capital Blue Cross | Wellspan Health HMO depends on contract renewal. Care management services are provided by WellSpan Health. Other providers are available in the network. Capital Blue Cross and its subsidiaries Capital Advantage Insurance Company and 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 the HMO Plan and 1-866-987-4213 (TTY: 711) for the PPO Plans 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.

**HMO Plans:** You are required to use network providers except for emergency and urgent care situations. Non-contracted providers are under no obligation to treat members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information.

Capital Blue Cross | Wellspan Health Medicare Advantage 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® 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.