BlueJourney Value (HMO) Summary of Benefits

January 1, 2024 – December 31, 2024

To join BlueJourney Value (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for this plan includes the following counties:

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York.

You may have questions as you read through this information and that's OK – we're here to help.

Not a member yet?
Call 800.990.4201 (TTY: 711). Hours are Monday through Friday, 8:00 AM to 6:00 PM ET, with extended hours October 1 through March 31. After these hours, you may leave a message on our secure voice messaging system.

Already a member?
Call 800.779.6962 (TTY: 711). Hours are Monday through Sunday, 8:00 AM to 8:00 PM ET, October 1 through March 31. April 1 through September 30, Monday through Friday, 8:00 AM to 8:00 PM ET.

You can also visit CapitalBlueMedicare.com for more information.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at CapitalBlueMedicare.com. You may also call us and ask us to mail you an Evidence of Coverage. [1]

Which Doctors, Hospitals, and Pharmacies can I use? [2]

BlueJourney Value (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. If you don't use providers in our network, your services will not be covered, and you will pay more, except for emergency and urgent care. [3]

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory at CapitalBlueMedicare.com. Or call us and we will send you a copy of the provider/pharmacy directories.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what BlueJourney Value (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on Medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in alternate formats. For additional information, call us at 800.779.6962 (TTY: 711).

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, CapitalBlueMedicare.com.
- Or call us and we will send you a copy of the formulary.

	In-network
Monthly plan premium[4]	$65 per month
Deductible	$0
Maximum out-of-pocket responsibility	$5,500 for services you receive from in-network providers.
Inpatient hospital	Days 1-4: $100 copay per day per admission*
Outpatient hospital (surgery)	Outpatient surgery: $0 - $250 copay* Ambulatory Surgical Center: $0 - $150 copay*
Doctor's office visits	Primary care physician visit: $5 copay Specialist visit: $25 copay
Preventive care (e.g., flu vaccine, diabetic screenings)	$0 copay for all Medicare-covered preventive services
Emergency care	$120 copay per visit
Urgently needed services	$50 copay per visit
Diagnostic services/ labs/ imaging	Diagnostic tests, procedures, and lab services: $0 - $20 copay* Diagnostic radiology services (such as MRI, CAT Scan): $0 - $125 copay* X-rays: $25 copay Therapeutic radiology services: 20% coinsurance*
Hearing services	Medicare-covered hearing exam: $25 copay
	Routine hearing exam: $0 copay (*one visit per year*)
	Prescription hearing aids: $800 maximum plan allowance per year.
Dental services	Medicare-covered dental exam: $25 copay
	Preventive dental services: $10 copay (*two visits per year)*
	Comprehensive dental services: 50% coinsurance with a $2,500 annual maximum allowance for plan covered comprehensive dental services.
Vision services	Medicare-covered vision exam: $25 copay
	Routine eye exam: $20 copay (*one visit per year*)
	Our plan pays up to $150 per year for eyewear or contacts.
Mental health care	Individual or group outpatient therapy visit: $25 copay Inpatient mental health care: Days 1-4: $100 copay per day per admission*
Skilled nursing facility (SNF)	Days 1-20: $0 copay per day* Days 21-100: $203 copay per day*
Outpatient rehabilitation	Occupational, physical, and speech and language therapy visit: $30 copay*
Ambulance	Ground/Air ambulance: $200 copay*
Transportation	$0 copay (must use our vendor) 24 one-way trips annually to Plan approved health-related location. *
Medicare Part B drugs	For Part B drugs, including chemotherapy drugs: 0% - 20% coinsurance*
OTC	$75 quarterly allowance for plan approved Over-the-Counter (OTC) drugs and supplies from participating retail locations or via mail-order.
Fitness	**SilverSneakers®** membership is covered in full (*must use a SilverSneakers facility*).[5]
Durable medical equipment (DME)	20% coinsurance for Medicare-covered DME and related supplies*

*Indicates a service that may require prior authorization.

<table>
<tr><th colspan="2">Prescription drug benefits</th></tr>
<tr><td>Deductible</td><td>
Prescription Drug Deductible: Not Applicable.
</td></tr>
<tr><td>Initial coverage</td><td>

You pay the following until your total yearly drug costs reach $5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.
Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
You won’t pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

<table>
<tr><th colspan="5">Retail cost sharing</th></tr>
<tr><th>Tier</th><th>Preferred 30-day supply</th><th>Standard 30-day supply</th><th>Preferred 90-day supply</th><th>Standard 90-day supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$0 copay</td><td>$7 copay</td><td>$0 copay</td><td>$21 copay</td></tr>
<tr><td>Tier 2 (Generic)</td><td>$5 copay</td><td>$15 copay</td><td>$15 copay</td><td>$45 copay</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>$47 copay</td><td>$47 copay</td><td>$141 copay</td><td>$141 copay</td></tr>
<tr><td>Tier 4 (Non-Preferred Drug)</td><td>$100 copay</td><td>$100 copay</td><td>$300 copay</td><td>$300 copay</td></tr>
<tr><td>Tier 5 (Specialty Tier)</td><td>33% coinsurance</td><td>33% coinsurance</td><td>Not Applicable</td><td>Not Applicable</td></tr>
<tr><th colspan="5">Mail-order cost sharing</th></tr>
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Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.
</td></tr>
<tr><td>Coverage gap</td><td>

The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $5,030.
After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total $8,000, which is the end of the coverage gap.

</td></tr>
<tr><td>Catastrophic coverage</td><td>
After your yearly out-of-pocket drug costs reach $8,000, you pay nothing.
</td></tr>
</table>

DISCLAIMERS

This document is available in alternate formats.

Capital Blue Cross is an HMO Plan with a Medicare Contract. Enrollment in Capital Blue Cross depends on contract renewal. Capital Blue Cross is an independent licensee 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.

Health coverage is offered by Keystone Health Plan Central®, a subsidiary of Capital Blue Cross.

[1]This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

[2]The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

[3]Out-of-network/non-contracted providers are under no obligation to treat Capital Blue Cross members, except in emergency situations. Please call our Member Services number or see your "Evidence of Coverage" for more information.

[4]You must continue to pay your Medicare Part B premium.

[5]SilverSneakers® is a registered trademark of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-demand and SilverSneakers GO are trademarks of Tivity Health, Inc.