

2012 FINAL BlueAdvantage Benefits		PFFS - Gold
1 - Premium		\$89
2 - Benefit		IN Network
	OOP Maximum	\$4,800
3 - Inpatient Hospital Care		\$275 days 1 - 4 Unlimited days
4 - Inpatient Mental Health Care		\$275 days 1 - 4 190 day lifetime max
5 - Skilled Nursing Facility		\$50 days 5 - 20, \$125 days 21 - 100
6 - Home Health Care		\$0
7 - Hospice		n/a
8 - Doctor Office Visits	Routine	\$20
	Specialist	\$40
9 - Chiropractic Services		\$15
10 - Podiatry Services		\$30
11 - Outpatient Mental Health Care		\$40
	Partial Hospitalization	\$40
12 - Outpatient Substance Abuse		\$40
13 - Outpatient Services/Surgery		\$250
14 - Ambulance Services		\$175
15 - Emergency		\$65 No VWW
16 - Urgently Needed Care		\$40
17 - Outpatient Rehabilitation Svcs		\$40
18 - DME		20%
19 - Prosthetics		20%
20 - Diabetes Self-Monitoring, Training, Nutrition Therapy and Diabetic Supplies		\$0/20%
21 - Diagnostic Tests, X-Rays, Lab, and Therapeutic radiology		
	lab	\$0 - \$50
	diagnostic tests	\$20 - \$50
	x-rays	\$20 - \$50
	advanced imaging	20%
	therapeutic radiology	20%
22 - Cardiac/Pulmonary Rehab		\$40
23 - Preventive Services and Wellness / Education Programs		\$0
	Abdominal Aortic Aneurysm Screening	\$0
	Bone Mass Measurement	\$0
	Colorectal Screening Exams	\$0
	Immunizations/vaccines	\$0
	Mammograms (Annual)	\$0
	Pap Smears and Pelvic Exams	\$0
	Prostate Cancer Screening Exams	\$0
	Physical Exams	\$0
24 - ESRD/Dialysis		20%
25 - Prescription Drugs		\$7/\$30/\$75/33%
	Formulary	Basic
	B-covered drugs (not including chemotherapy drugs)	20%
	B-covered chemotherapy drugs	20%
26 - Dental Services	Medicare covered	\$40
	routine/ other services	not covered
27 - Hearing Services -		
	Medicare covered only	\$15
	routine	\$15
	Hearing Aids	not covered
28 - Vision Services		
	Medicare covered only	\$35
	glasses/contacts (eyewear)	\$175 allowance / every yr
	routine exam	\$35