Capital

2026 Medicare Advantage HMO Plan
(effective January 1, 2026 - December 31, 2026)
Group: PSERS HMO

	Capital Blue Cross Custom HMO
Medical Benefits	**In-Network (IN)**
Maximum Out-of-Pocket (MOOP)	$3,400
Provider Network	Must use network providers to obtain services Except for emergent and urgent care
Inpatient Care	
Inpatient Hospital *(includes acute, rehab, MH/SA stays)*	$100 copay per stay ($200 maximum)
Skilled Nursing Facility *copays per admission *(100 days per benefit period)*	$0 copay days (1-20) $50 copay days (21-100)
Home Health Care	$15 copay
Outpatient Care	
Primary Care (PCP) Office Visits[1]	$15 copay
Specialist Office Visits[1]	$25 copay
Chiropractic Visits *(Medicare-covered spinal manipulation)*	$20 copay
Therapy Service Visits[1] *(includes PT, OT, ST)*	$25 copay
Outpatient Mental Health/Substance Abuse[1] *(includes individual & group visits)*	$25 copay
Emergency Room Visits	$80 copay
Urgent Care Clinic Visits[1]	$35 copay
Outpatient Hospital Observation	$100 copay per stay
Outpatient Hospital Surgery	$0 - $75 copay for surgery
Diagnostic/Lab Tests	$0 copay
Standard Imaging (X-Rays)	$0 copay
Advanced Imaging (CT scans, MRI, MRA)	$0 - $50 copay
Preventive Services	
Routine Physical Exam *(in addition to the Medicare wellness exam)*	$0 copay
Immunizations *(includes flu, COVID-19, pneumonia, Hep B)*	$0 copay
Screening Exams[2] *(includes mammograms, Pap test, prostate tests, colorectal screenings)*	$0 copay
Additional Services	
Ambulance Services	$75 copay per one way trip
Durable Medical Equipment & Prosthetics *(includes oxygen, diabetic shoes/inserts)*	20% coinsurance
DME - Continuous Glucose Monitors (CGM) and CGM Supplies	20% coinsurance *Preferred brands Dexcom or Freestyle Libre must be used and purchased at a network pharmacy - no coverage for other brands*
Diabetic Supplies *(includes test strips, lancets, monitors)*	0% - 20% coinsurance *IN: 0% for our preferred manufacturer - Contour and 20% for OneTouch products.To get the lowest cost for diabetic supplies, please use a network pharmacy. No coverage for other brands*
Part B Drugs/Chemotherapy Drugs	0% - 20% coinsurance
Dialysis Services (in-home)	20% coinsurance

This grid is a summary of the most common benefits. Please refer to Evidence of Coverage for a complete list of benefits

[1] *Telehealth visits are also covered at the same copay as in person visits when offered by network providers*

[2] *Plan covers all Medicare-covered preventive services. Refer to Evidence of Coverage for complete list*

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SUPPLEMENTAL BENEFITS	
Benefits	**In-Network (IN)**
Maximum Out-of-Pocket (MOOP)	Supplemental benefits excluded from MOOP
Provider Network	Must use network providers to obtain services[1]
Additional Supplemental Benefits	*benefits included in medical premium*
Remote Access Technology Virtual Care Visits	$0 copay Must use Amwell for Virtual Care
Worldwide Coverage includes emergent/urgent visits outside US	$80 copay (E/R) / $20 copay (urgent) $200,000 combined annual maximum
Routine Hearing Benefit	
Routine Hearing Exam *(1 routine exam per year)*	$0 copay Must use our vendor
Routine Hearing Fitting Evaluation	$0 copay Must use our vendor
Hearing Aids (prescription) *(1 hearing aid(s) every year)*	$499/$699/$999 copay every year copay per ear Must use our vendor
OTC Hearing Aids *(1 hearing aid(s) every year)*	$499 copay every year copay per pair Must user our vendor

Fitness Benefit	*premium included in the medical premium*
Fitness Vendor	$0 copay Must use our fitness vendor

Routine Vision Benefit	*premium included in the medical premium*
Routine Vision Exam *(1 routine exam per year)*	$0 Copay
Eyewear - Eyeglasses (Frames and Lenses) or Contacts	$150 allowance every year for Eyeglasses or Contact Lenses

Routine Dental Benefit	*premium included in the medical premium*
Routine/Preventive Dental Exam *(up to 2 routine exams per year* *includes exam, cleaning, up to 8 bitewing x-rays, fluoride treatments)*	$0 copay $1,500 Plan Maximum Allowance per year for Preventive and Comprehensive
Comprehensive Dental *(member is responsible for all cost once annual allowance is met)*	$1,500 Plan Maximum Allowance per year for Preventive and Comprehensive 50% coinsurance includes: **Restorative Services:** Crowns and Teeth Fillings - Amalgam & Composite **Periodontal Services:** Perio Maint. only **Oral and Maxillofacial Surgery:** Simple Extractions only **Endodontics:** Root canals, Pulpotomy **Prosthodontics, removable:** Dentures, Partials **Prosthodontics, fixed:** Bridges Adjustments and Repairs of Prosthetics **Adjunctive General Services:** Palliative Emergency Treatment, sedation, anesthesia, and teledentistry **Diagnostics:** intra-oral radiology; problem focused dental exams

This grid is a summary of the most common benefits. Please refer to Evidence of Coverage for a complete list of benefits

[1] *Members must use network providers to obtain HMO supplemental benefits. No coverage for out-of-network providers*

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Part D Prescription Drug Benefits	**Member Cost-Sharing**	
Deductible	No deductible	
Initial Coverage Stage		
Part D Vaccines (e.g., Shingles, Tetanus booster)	$0 copay	
Tier 1 - Preferred Generic Drugs	30-day supply	$0 copay
	60-day supply	$0 copay
	100-day supply	$0 copay
Tier 2 - Generic Drugs	30-day supply	$4 copay
	60-day supply	$8 copay
	100-day supply	$12 copay
Tier 3 - Preferred Brand Drugs	30-day supply	$30 copay
	60-day supply	$60 copay
	100-day supply	$90 copay
Tier 4 - Non Preferred Drugs	30-day supply	33% coinsurance
	60-day supply	33% coinsurance
	100-day supply	33% coinsurance
Tier 5 - Specialty Drugs	30-day supply (only)	33% coinsurance
IRA Insulin (Part D)	30-day supply	Lesser of $30/25% copay
	60-day supply	Lesser of $60/25% copay
	100-day supply	Lesser of $90/25% copay
Initial Coverage Limit		
Drug Coverage Limit (TrOOP)	$2,100	
Catastrophic Coverage Stage		
Catastrophic Coverage Copays	Cost Sharing $0	

Capital Blue Cross: Capital Blue Cross HMO is offered by Keystone Health Plan® Central, a Medicare Advantage organization with a Medicare contract. Enrollment in Capital Blue Cross 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.

This grid is not a contract. Plans benefits are subject to change on an annual basis and require contract renewal from the Centers for Medicare and Medicaid Services (CMS). This document is prepared for group clients/administrators to provides an overview of the most commonly used benefits and is NOT intended to be a complete description of all available benefits. Exclusions and limitations of the HMO Medicare Advantage plan follow those of Medicare (i.e., Medicare Part A and Medicare Part B). Please refer to the "Evidence of Coverage" for a complete description of all benefits, exclusions, and additional program details.