BlueJourney PPO

BlueJourney PPO
PSERS
(January 1, 2020 through December 31, 2020)

	BlueJourney PPO Member Responsibility
MEDICAL SERVICES	
Deductible (In-Network / Out-of-Network)	$0 In-Network $0 Out-of-Network (excludes emergency room and urgent care)
Doctor and Hospital Choice	No Referrals
Maximum Out-of-Pocket Limit	$3,400 Individual (excludes Part D drugs and hearing)
Out-of-Network Coinsurance	20% of Allowable
INPATIENT SERVICES	
Inpatient Hospital Care	$0 Copayment
Inpatient Mental Health Care	$0 Copayment
Skilled Nursing Facility	Days 1-10: $0 Copayment Days 11-100: $25 Copayment
Home Health Care	$0 Copayment
Hospice	Covered by Medicare
OUTPATIENT SERVICES	
Office Visits – Primary Care	$5 Copayment
Office Visits – Specialists	$15 Copayment
Chiropractic Services	$15 Copayment
Podiatry Services	$15 Copayment
Outpatient Mental Health Care	$15 Copayment (Individual); $15 Copayment (Group)
Outpatient Substance Abuse Care	$15 Copayment (Individual); $15 Copayment (Group)
Partial Hospitalization	$55 Copayment
Outpatient Hospital Services (Surgery)	$0 Copayment
Ambulatory Services (Surgery)	$00 Copayment
Ambulance Services	$70 Copayment
Emergency Care	$50 Copayment, waived if admitted
Urgently Needed Care	$35 Copayment
Worldwide Maximum Plan Benefit Coverage Amount	$200,000 Maximum
Outpatient Rehabilitation Services (including Comprehensive Outpatient Rehabilitation Facility); Cardiac and Pulmonary Rehab Services	$15 Copayment
Virtual Care Visits (On line Doctor visits)	$0 Copayment
Health Coaching and Education	$0 Copayment
Nutritional / Dietary Benefit	$0 Copayment
Medical Nutritional Therapy	$0 Copayment
OUTPATIENT MEDICAL SERVICES AND SUPPLIES	
Durable Medical Equipment	15% Coinsurance
Prosthetic Services	15% Coinsurance
Diabetes Self-Monitoring, Training and Supplies	No Copayment
Diagnostic Tests and X-Rays	$0 Copay High Tech Imaging/15% Therapeutic Radiology/X-ray - No Copay
Lab Services	$10 Copay for Lab Services
PREVENTIVE SERVICES	
Bone Mass Measurement	No Copayment
Colorectal Screening Exams	No Copayment
Immunizations	No Copayment
Breast Cancer Screening (Annual Screening)	No Copayment
Cervical and Vaginal Cancer Screening	No Copayment
Prostate Cancer Screening Exams	No Copayment
Annual Wellness Exam (One Per Year)	No Copayment
OTHER SERVICES	
Hearing Exams	No Copayment
Hearing Services – Hearing Aid	$500 Allowance Every Three Years
Renal Dialysis	20% Coinsurance
PRESCRIPTION DRUG – PART B	
Outpatient Drug Benefit – Part B	15% Coinsurance
Network	BlueJourney PPO Network
Dental, Vision and Fitness Program options are available to accompany BlueJourney PPO programs.	

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 BlueCross and its subsidiary Capital Advantage Insurance Company® are independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations.

BlueJourney PPO – 2020 Standard Benefit Exclusions

The BlueJourney PPO benefits set forth on this highlight are subject to the specific benefit exclusions and limitations contained in the group contract. The following items and services are not covered except as indicated by BlueJourney PPO:

1. Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our Plan as covered services.
2. Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our Plan. Procedures and items are those items and procedures determined by our Plan and Original Medicare to not be generally accepted by the medical community.
3. Surgical treatment of morbid obesity, except when it is considered medically necessary and covered under Original Medicare.
4. Private room in a hospital, except when it is considered medically necessary.
5. Private duty nurses.
6. Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.
7. Full-time nursing care in your home.
8. Custodial care is care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
9. Homemaker services include basic household assistance, including light housekeeping or light meal preparation.
10. Fees charged by your immediate relatives or members of your household.
11. Meals delivered to your home.
12. Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.
13. Cosmetic surgery or procedures, unless because of an accidental injury or to improve a malformed part of the body. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
14. Routine dental care, such as cleanings, fillings, or dentures. However, non-routine dental care required to treat illness or injury may be covered as inpatient or outpatient care.
15. Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.
16. Routine foot care, except for the limited coverage provided according to Medicare guidelines.
17. Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace or the shoes are for a person with diabetic foot disease.
18. Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
19. Routine hearing exams, hearing aids, or exams to fit hearing aids.
20. Eyeglasses, routine eye examinations, radial keratotomy, LASIK surgery, vision therapy and other low vision aids. However, eyeglasses are covered for people after cataract surgery.
21. Outpatient prescription drugs.
22. Reversal of sterilization procedures, sex change operations, and non-prescription contraceptive supplies.
23. Acupuncture.
24. Naturopath services (uses natural or alternative treatments).
25. Services provided to veterans in Veterans Affairs (VA) facilities. However, when emergency services are received at a VA hospital and the VA cost-sharing is more than the cost-sharing under our Plan, we will reimburse veterans for the difference. Members are still responsible for our cost-sharing amounts.

This is not a contract. Programs are subject to change and require approval from the Centers for Medicare and Medicaid Services (CMS). Exclusions and limitations of the BlueJourney PPO Medicare Advantage programs follow those of Medicare (i.e., Medicare Part A and Medicare Part B). This information provides an overview of program benefits and is NOT intended to be a complete list or description of available services. The "Evidence of Coverage" for outlined programs provides additional program details. Program highlight information is prepared to provide information to group clients and is not designed for member distribution. BlueJourney PPO programs are available in Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union and York counties. To quality for coverage, the member must generally reside within the identified services area.

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Calendar Year Deductible	$0	
Formulary Type	Enhanced Alternative	
Part D Excluded Drugs	Not Covered	
Pre - Initial Coverage Limit		***30-Day Supply (31-Day Supply LTC) 60-Day Supply 90-Day Supply***
Coverage Gap Begins		***$4,020 of incurred prescription drug claim expense***
	Tier 1 - Preferred Generic Drugs	$4 $8 $12
	Tier 2 - Generic Drugs	$12 $24 $36
	Tier 3 - Preferred Brand Drugs	$38 $76 $114
	Tier 4 - Non-Preferred Brand Drugs	$90 $180 $270
	Tier 5 - Specialty Drugs	33% (30-Day Supply)
	Tier 6 – Select Care Drugs	$0 $0 $0
Coverage After Initial Coverage Limit Reached		***30-Day Supply (31-Day Supply LTC)***
	Catastrophic coverage begins once the member incurs $6,350 in true out-of-pocket (TrOOP) expense. Member pays $3.60 for generic (including brand drugs treated as generic) or 5% whichever is greater and $8.95 for all other drugs or 5% whichever is greater.	
GAP Coverage	25% Generic Drugs 25% Brand Drugs	

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On behalf of Capital BlueCross, Prime Therapeutics LLC., assists in the administration of our prescription drug program. Prime Therapeutics is an independent pharmacy benefit manager.

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Prescription Drug Rx Plan – Standard Benefit Limitations and Exclusions

Except as specifically provided in the group contract and in addition to any limitations set forth in the group contract, no benefits shall be provided for services, supplies, or prescription drugs.

1. Nonprescription drugs (also called over-the-counter drugs).
2. Drugs when used to promote fertility.
3. Drugs when used for the relief of cough or cold symptoms.
4. Drugs when used for cosmetic purposes or to promote hair growth.
5. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
6. Drugs when used for the treatment of sexual or erectile dysfunction, such as Viagra, Cialis, Levitra, and Caverject.
7. Drugs when used for treatment of anorexia, weight loss, or weight gain.
8. Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
9. A Medicare Prescription Drug Plan cannot cover a drug that would be covered under Medicare Part A or Part B.
10. A Medicare Prescription Drug Plan cannot cover a drug purchased outside the United States and its territories.
11. A Medicare Prescription Drug Plan usually cannot cover off-label use. “Off-label use” is any use of the drug other than those indicated on the drug’s label as approved by the Food and Drug Administration. Generally, coverage for “off-label use” is allowed only when the use is supported by certain reference books. These reference books are the American Hospital Formulary Service Drug Information, the DRUGDEX Information System, and USPDI or its successor. If the use is not supported by one of these reference books, then the Plan cannot cover its “off-label use”.
12. Medicare Excluded Drugs are not covered under the Plan.

NOTE: If the member receives extra help, the member’s state Medicaid program may cover some prescription drugs not normally covered in a Medicare drug plan. The member should contact the state Medicaid program to determine what drug coverage may available.

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Rebates Paid to Capital Advantage Insurance Company® and Keystone Health Plan® Central Under Rx Contracts

Capital BlueCross, on behalf of itself and its wholly-owned subsidiaries, Capital Advantage Insurance Company ("CAIC") and Keystone Health Plan Central ("KHP"), each of which subsidiary is a sponsor of Medicare Advantage plans with prescription drug benefits pursuant to a contract with the Centers for Medicare and Medicaid Services ("CMS"), may, from time to time, negotiate on behalf of itself, CAIC and KHP and enter into contracts with pharmaceutical manufacturers, pharmacy benefit managers ("PBMs") and other third parties (collectively, "contracting Rx entities"). The contracts with contracting Rx entities may provide for retrospective discounts, refunds or rebates (collectively, "rebates") based on the utilization of certain prescription drugs by Medicare members. These rebates are paid to and owned by Capital BlueCross in accordance with the terms of its contracts with the respective contracting Rx entities. Contracting Rx entities may pay additional administrative fees, penalties and guarantees (collectively, "other payments") to Capital BlueCross as provided by contract. Such other payments are also owned by Capital BlueCross and may be based in part on the utilization of certain prescription drugs by Medicare members. Capital BlueCross will apply these rebates and other payments to the Medicare products offered by CAIC and KHP as required by law, including the provision of negotiated prices for CAIC's and KHP's Medicare members on Part D prescription drugs on their formularies purchased from pharmacies participating in their network. Capital BlueCross will otherwise retain these rebates and other payments. Capital BlueCross, on behalf of CAIC and KHP, will disclose these rebates and other payments to CMS in accordance with all applicable legal requirements and CMS guidance.