

## 2025 Medicare Advantage HMO Plan (effective January 1, 2025 - December 31, 2025)

**Group: PSERS HMO** 

	Capital Blue Cross Custom HMO	
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	\$30 copay
	60-day supply	\$60 copay
	100-day supply	\$90 copay
Initial Coverage Limit		
Out-of-Pocket Limit (TrOOP)	\$2,000	
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.