

BlueCare Policy Comparison Chart  
Effective January 1, 2021  
BlueCare®

| Part A Hospital Insurance – Covered Services  |  |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |   |   |                                   |
|---|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---|---|-----------------------------------|
| SERVICE   | MEDICARE PAYS  | PLAN A PAYS                       | PLAN B PAYS                       | PLAN C PAYS                       | PLAN D PAYS                       | PLAN F PAYS                       | PLAN F* PAYS                      | PLAN G PAYS                       | PLAN G* PAYS                      | PLAN K PAYS                               | PLAN L PAYS                               | PLAN N PAYS                       |
| <b>Hospitalization</b><br>Semiprivate room and board.<br>General nursing and miscellaneous hospital services and supplies.    |  |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |   |   |                                   |
| Network Hospital – First 60 days  | All but \$1,484 (Part A deductible)  | \$0                               | \$1,484 (Part A deductible)       | \$1,484 (Part A deductible)       | \$1,484 (Part A deductible)       | \$1,484 (Part A deductible)       | \$1,484 (Part A deductible)       | \$1,484 (Part A deductible)       | \$1,484 (Part A deductible)       | \$742 (50% of the Part A deductible)      | \$1,113 (75% of the Part A deductible)    | \$1,484 (Part A deductible)       |
| 61 <sup>st</sup> to 90 <sup>th</sup> day  | All but \$371 a day  | \$371 a day                       | \$371 a day                       | \$371 a day                       | \$371 a day                       | \$371 a day                       | \$371 a day                       | \$371 a day                       | \$371 a day                       | \$371 a day                               | \$371 a day                               | \$371 a day                       |
| 91 <sup>st</sup> day and after:<br>– While using 60 lifetime reserve days   | All but \$742 a day  | \$742 a day                       | \$742 a day                       | \$742 a day                       | \$742 a day                       | \$742 a day                       | \$742 a day                       | \$742 a day                       | \$742 a day                       | \$742 a day                               | \$742 a day                               | \$742 a day                       |
| Once lifetime reserve days are used:<br>– Additional 365 days   | \$0  | 100% of Medicare eligible expense | 100% of Medicare eligible expense | 100% of Medicare eligible expense | 100% of Medicare eligible expense | 100% of Medicare eligible expense | 100% of Medicare eligible expense | 100% of Medicare eligible expense | 100% of Medicare eligible expense | 100% of Medicare eligible expense         | 100% of Medicare eligible expense         | 100% of Medicare eligible expense |
| – Beyond the additional 365 days  | \$0  | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                                       | \$0                                       | \$0                               |
| <b>Skilled Nursing Care</b><br>Medicare must approve the facility and you must have been in the hospital at least three days. |  |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |   |   |                                   |
| First 20 days   | All approved amounts   | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                                       | \$0                                       | \$0                               |
| 21 <sup>st</sup> through 100 <sup>th</sup> day  | All but \$185.50 a day   | \$0                               | \$0                               | Up to \$185.50 a day              | Up to \$185.50 a day              | Up to \$185.50 a day              | Up to \$185.50 a day              | Up to \$185.50 a day              | Up to \$185.50 a day              | Up to \$92.76 a day                       | Up to \$139.14 a day                      | Up to \$185.50 a day              |
| 101 <sup>st</sup> day and after   | \$0  | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                                       | \$0                                       | \$0                               |
| <b>Blood</b><br>First three pints   | \$0  | Three pints                       | Three pints                       | Three pints                       | Three pints                       | Three pints                       | Three pints                       | Three pints                       | Three pints                       | 50% of first three pints                  | 75% of first three pints                  | Three pints                       |
| Additional amounts  | 100%   | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                               | \$0                                       | \$0                                       | \$0                               |
| <b>Hospice Care</b><br>Must be terminally ill   | All but very limited copayment/coinsurance for outpatient drugs and respite care | Medicare copayment/coinsurance    | Medicare copayment/coinsurance    | Medicare copayment/coinsurance    | Medicare copayment/coinsurance    | Medicare copayment/coinsurance    | Medicare copayment/coinsurance    | Medicare copayment/coinsurance    | Medicare copayment/coinsurance    | 50% of the Medicare copayment/coinsurance | 75% of the Medicare copayment/coinsurance | Medicare copayment/coinsurance    |

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| Part B Medical Insurance – Covered Services   |  |             |             |                           |             |                           |                           |             |              |             |             |   |
|---|--|-------------|-------------|---------------------------|-------------|---------------------------|---------------------------|-------------|--------------|-------------|-------------|---|
| SERVICE   | MEDICARE PAYS                                      | PLAN A PAYS | PLAN B PAYS | PLAN C PAYS               | PLAN D PAYS | PLAN F PAYS               | PLAN F* PAYS              | PLAN G PAYS | PLAN G* PAYS | PLAN K PAYS | PLAN L PAYS | PLAN N PAYS   |
| <b>Medical Expenses</b><br>Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: |  |             |             |                           |             |                           |                           |             |              |             |             |   |
| – First \$203 of Medicare-approved amounts (Part B deductible)  | \$0  | \$0         | \$0         | \$203 (Part B deductible) | \$0         | \$203 (Part B deductible) | \$203 (Part B deductible) | \$0         | \$0          | \$0         | \$0         | \$0   |
| – Preventive benefits for Medicare-covered services   | Generally 80% or more of Medicare-approved amounts | 20%         | 20%         | 20%                       | 20%         | 20%                       | 20%                       | 20%         | 20%          | 10%         | 15%         | 20%   |
| – Remainder of Medicare-approved amounts  | Generally 80%                                      | 20%         | 20%         | 20%                       | 20%         | 20%                       | 20%                       | 20%         | 20%          | 10%         | 15%         | Balance of the Medicare-approved amount after a \$20 copayment for office visits. Balance of the Medicare-approved amount after a \$50 copayment for emergency room visits. The emergency room copayment is waived if you are admitted to the hospital and the emergency visit is covered as a Medicare Part A expense. |

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|--|---------------|-------------|-------------|---|---|---|---|---|---|------------------------------|------------------------------|---|
| SERVICE  | MEDICARE PAYS | PLAN A PAYS | PLAN B PAYS | PLAN C PAYS                                   | PLAN D PAYS                                   | PLAN F PAYS                                   | PLAN F* PAYS                                  | PLAN G PAYS                                   | PLAN G* PAYS                                  | PLAN K PAYS                  | PLAN L PAYS                  | PLAN N PAYS                                   |
| <b>Part B Excess Charges</b><br>Above Medicare-approved amounts  | \$0           | \$0         | \$0         | \$0   | \$0   | 100%  | 100%  | 100%  | 100%  | \$0                          | \$0                          | \$0   |
| <b>Blood</b><br>First three pints  | \$0           | All costs   | All costs   | All costs                                     | All costs                                     | All costs                                     | All costs                                     | All costs                                     | All costs                                     | 50% of the first three pints | 75% of the first three pints | All costs                                     |
| Next \$203 of Medicare-approved amounts (Part B deductible)  | \$0           | \$0         | \$0         | \$203 (Part B deductible)                     | \$0   | \$203 (Part B deductible)                     | \$203 (Part B deductible)                     | \$0   | \$0   | \$0                          | \$0                          | \$0   |
| Remainder of Medicare-approved amounts   | Generally 80% | 20%         | 20%         | 20%   | 20%   | 20%   | 20%   | 20%   | 20%   | 10%                          | 15%                          | 20%   |
| <b>Clinical Laboratory Services</b><br>Tests for diagnostic services   | 100%          | \$0         | \$0         | \$0   | \$0   | \$0   | \$0   | \$0   | \$0   | \$0                          | \$0                          | \$0   |
| Medicare Part A & B – Covered Services   |               |             |             |   |   |   |   |   |   |                              |                              |   |
| <b>Home Healthcare Medicare-Approved Services</b><br>Medically necessary skilled care services and medical supplies    | 100%          | \$0         | \$0         | \$0   | \$0   | \$0   | \$0   | \$0   | \$0   | \$0                          | \$0                          | \$0   |
| Durable medical equipment:   |               |             |             |   |   |   |   |   |   |                              |                              |   |
| - First \$203 of Medicare-approved amounts (Part B deductible)   | \$0           | \$0         | \$0         | \$203 (Part B deductible)                     | \$0   | \$203 (Part B deductible)                     | \$203 (Part B deductible)                     | \$0   | \$0   | \$0                          | \$0                          | \$0   |
| - Remainder of Medicare-approved amounts   | Generally 80% | 20%         | 20%         | 20%   | 20%   | 20%   | 20%   | 20%   | 20%   | 10%                          | 15%                          | 20%   |
| Other Services – Not Covered by Medicare   |               |             |             |   |   |   |   |   |   |                              |                              |   |
| <b>Foreign Travel</b><br>Medically necessary emergency services during the first 60 days of each trip outside the USA: |               |             |             |   |   |   |   |   |   |                              |                              |   |
| - First \$250 each calendar year   | \$0           | \$0         | \$0         | \$0   | \$0   | \$0   | \$0   | \$0   | \$0   | \$0                          | \$0                          | \$0   |
| - Remainder of charges   | \$0           | \$0         | \$0         | 80% to a lifetime maximum benefit of \$50,000 | 80% to a lifetime maximum benefit of \$50,000 | 80% to a lifetime maximum benefit of \$50,000 | 80% to a lifetime maximum benefit of \$50,000 | 80% to a lifetime maximum benefit of \$50,000 | 80% to a lifetime maximum benefit of \$50,000 | \$0                          | \$0                          | 80% to a lifetime maximum benefit of \$50,000 |



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| *Out-of-Pocket Maximum |               |             |             |             |             |             |              |             |              |             |             |             |
|------------------------|---------------|-------------|-------------|-------------|-------------|-------------|--------------|-------------|--------------|-------------|-------------|-------------|
| SERVICE                | MEDICARE PAYS | PLAN A PAYS | PLAN B PAYS | PLAN C PAYS | PLAN D PAYS | PLAN F PAYS | PLAN F* PAYS | PLAN G PAYS | PLAN G* PAYS | PLAN K PAYS | PLAN L PAYS | PLAN N PAYS |
|                        | N/A           | N/A         | N/A         | N/A         | N/A         | N/A         | \$2,370*     | N/A         | \$2,370*     | \$6,220***  | \$3,110**   | N/A         |

\*Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

\*\*Plan L will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3,110 each calendar year. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

\*\*\*Plan K will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$6,220 each calendar year. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**