

BlueCare Policy Comparison Chart

Effective January 1, 2025

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
Hospitalization Semiprivate room and board. General nursing and miscellaneous hospital services and supplies.												
Network Hospital – First 60 days	All but \$1,676 (Part A deductible)	\$0	\$1,676 (Part A deductible)	\$1,676 (Part A deductible)	\$1,676 (Part A deductible)	\$1,676 (Part A deductible)	\$1,676 (Part A deductible)	\$1,676 (Part A deductible)	\$1,676 (Part A deductible)	\$838 (50% of the Part A deductible)	\$1,257 (75% of the Part A deductible)	\$1,676 (Part A deductible)
61 st to 90 th day	All but \$419 a day	\$419 a day	\$419 a day	\$419 a day	\$419 a day	\$419 a day	\$419 a day	\$419 a day	\$419 a day	\$419 a day	\$419 a day	\$419 a day
91 st day and after: – While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$838 a day	\$838 a day	\$838 a day	\$838 a day	\$838 a day	\$838 a day	\$838 a day	\$838 a day	\$838 a day	\$838 a day
Once lifetime reserve days are used: – 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
Skilled Nursing Care 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 st through 100 th day	All but \$209.50 a day	\$0	\$0	Up to \$209.50 a day	Up to \$209.50 a day	Up to \$209.50 a day	Up to \$209.50 a day	Up to \$209.50 a day	Up to \$209.50 a day	Up to \$104.75 a day	Up to \$157.13 a day	Up to \$209.50 a day
101 st day and after	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Blood 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
Hospice Care 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
Medical Expenses Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:												
– First \$257 of Medicare-approved amounts (Part B deductible)	\$0	\$0	\$0	\$257 (Part B deductible)	\$0	\$257 (Part B deductible)	\$257 (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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Part B Excess Charges Above Medicare-approved amounts	\$0	\$0	\$0	\$0	\$0	100%	100%	100%	100%	\$0	\$0	\$0
Blood 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 \$257 of Medicare-approved amounts (Part B deductible)	\$0	\$0	\$0	\$257 (Part B deductible)	\$0	\$257 (Part B deductible)	\$257 (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%
Clinical Laboratory Services Tests for diagnostic services	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Part A & B – Covered Services												
Home Healthcare Medicare-Approved Services Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable medical equipment:												
- First \$257 of Medicare-approved amounts (Part B deductible)	\$0	\$0	\$0	\$257 (Part B deductible)	\$0	\$257 (Part B deductible)	\$257 (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												
Foreign Travel 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	\$2,870*	N/A	\$2,870*	\$7,220***	\$3,610**	N/A

*Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,870 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 \$3,610 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 \$7,220 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.**