

# 2021 benefit highlights

Kern, Ventura, San Luis Obispo, Santa Barbara counties

	Kern	Ventura	San Luis Obispo/ Santa Barbara
	Blue Shield 65 Plus <sup>SM</sup> (HMO)	Blue Shield 65 Plus <sup>SM</sup> (HMO)	Blue Shield 65 Plus <sup>SM</sup> (HMO)
Monthly plan premium	\$0	\$0	\$0
New! Annual physical exam	\$0 copay	\$0 copay	\$0 copay
New! Acupuncture services (non-Medicare covered)	\$0 copay; 12 visits/year	\$0 copay; 12 visits/year	\$0 copay; 12 visits/year
New! Chiropractic services (non-Medicare covered)	\$0 copay; 12 visits/year	\$0 copay; 12 visits/year	\$0 copay; 12 visits/year
Primary care office visits	\$0 copay	\$5 copay	\$0 copay
Specialist office visits	\$0 copay	\$10 copay	\$0 copay
Eyeglass frames allowance	\$150/2 years	\$150/2 years	\$150/2 years
Routine hearing exam	\$0 copay per primary care physician visit	\$5 copay per primary care physician visit	\$0 copay (1 exam/year)
Hearing aids (2 aids per year) and batteries	Hearing aids not Included	Hearing aids not Included	\$449 copay/ \$699 copay per aid/year
Tier 1 Preferred Generic Drugs at Preferred Network Pharmacy or mail service (30/60/100 day supply)	\$0 copay	\$0 copay	\$0 copay
Personal Emergency Response System (PERS)	Not included	Not included	\$0 copay
Over-the-counter items allowance	NEW! \$90/quarter	NEW! \$90/quarter	\$90/quarter
SilverSneakers <sup>®</sup> fitness and wellness program	\$0 copay	\$0 copay	\$0 copay
Doctors on-call 24/7 by phone or video	\$0 copay	\$0 copay	\$0 copay
NurseHelp 24/7 <sup>SM</sup>	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital	\$0 copay	\$315 copay each day, days 1-5	\$180 copay each day, days 1-5
Emergency care	\$85 copay <sup>1</sup>	\$85 copay <sup>1</sup>	\$85 copay <sup>1</sup>
Ambulance services	\$250 copay per trip (each way)	\$200 copay per trip (each way)	\$250 copay per trip (each way)
Annual maximum out-of-pocket (MOOP)	\$3,400	\$5,500	\$3,000
Medicare Star Rating	4	4	4