2023 benefit highlights

Riverside County

| | Blue Shield 65 Plus SM (HMO) |
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| Monthly plan premium | \$0 |
| Annual maximum out-of-pocket (MOOP) | \$2,900 |
| Primary care office visits | \$0 copay |
| Doctors on-call 24/7 by phone or video | \$0 copay |
| NurseHelp 24/7 SM | \$0 copay |
| Specialist office visits | \$5 copay |
| Eye exam ¹ | \$10 copay for one exam every 12 months |
| Frames and eyeglass lenses or contact lenses allowance | \$20 copay; Frames: \$180/2 years Contact lenses: \$180/1 year |
| Hearing exam ¹ | \$0 copay primary doctor/ \$5 copay specialist |
| SilverSneakers® fitness and wellness programs | \$0 copay |
| Inpatient hospital care | \$75 each day, days 1-5 |
| Emergency care ² | \$125 copay (\$0 if admitted) |
| Ambulance services | \$200 copay per Medicare-covered ground trip (each way) |
| Worldwide emergency coverage | \$10,000 combined annual limit |
| Preferred generic drugs ³ | \$0 copay |
| Prescription drug gap coverage ⁴ | ✓ |
| Provider network includes | Desert Oasis Healthcare Hemet Community Medical Group PrimeCare Medical Group Alpha Care Medical Group Valley Physicians Network and others |



Call your authorized Blue Shield agent today to learn more and to enroll.

- 1 Non-Medicare covered.
- 2 Copay waived if admitted within one day for same condition.
- 3 Tier 1 Preferred generic drugs at a network pharmacy with preferred cost-sharing or mail service (30/60/100 day supply). Blue Shield Inspire/TotalDual Plan (HMO D-SNP) offers \$0 copay for preferred generic drugs at all pharmacies and by mail service.
- 4 Tier limitations apply. Please refer to the Summary of Benefits/Evidence of Coverage (EOC) for plan details.

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