

2021 Medicare Advantage (HMO) Plans

Whatcom County

PREMERA | 

BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association



Premera Blue Cross is always looking for

ways to make healthcare work better.

We want to provide the benefits and services you're looking for and make them easy to use.

Our 2021 benefits include*:

- **Reduced** Telehealth copays
- **No-cost Silver&Fit membership**
- **Quarterly benefit** towards over-the-counter products
- **Part D Senior Savings plan** - Maximum copay of \$35 for 30-day supply of recommended diabetic insulins
- **\$0 copay** for a 90-day supply of tier 1 mail-order drugs
- **Worldwide urgent care coverage**

*Not all benefits are available with all plans.

Your doctors. Our network.

Our provider network lets you use the doctors, dentists, and hospitals you know and trust. Premera Medicare Advantage members have access to our entire network of more than 22,000 providers.

You can receive care from any doctor or hospital in our Medicare network, even if they are located outside of the county where your plan is offered. All you need is a referral from your primary care provider (PCP).

To see if your provider is in our network, visit **Premera.com/ma** and click Find a doctor.

On behalf of Premera Blue Cross, Hearing Care Solutions is an independent company which provides the hearing aid benefit.

On behalf of Premera Blue Cross, the The Silver&Fit® program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Other names may be trademarks of their respective owners. Kits are subject to change.

To enroll call

or visit premera.com/ma.

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal. This information is not a complete description of benefits.

2021 Medicare Advantage Plan Highlights	WHATCOM COUNTY			
	CORE (HMO)	PEAK + RX (HMO)	CLASSIC (HMO)	SOUND + RX (HMO)
Monthly premium	\$12	\$0	\$55	\$40
Medical deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum	\$6,300	\$6,700	\$5,000	\$6,500
Primary care provider visit	\$15 copay \$10 telehealth copay	\$15 copay \$10 telehealth copay	\$5 copay \$0 telehealth copay	\$10 copay \$5 telehealth copay
Specialist visit	\$45 copay \$40 telehealth copay	\$50 copay \$45 telehealth copay	\$30 copay \$25 telehealth copay	\$50 copay \$45 telehealth copay
Inpatient hospital care	\$450 copay (days 1–4) \$0 copay (days 5+)	\$595 (days 1-3) \$0 copay(days 4+)	\$450 copay (days 1–4) \$0 copay (days 5+)	\$595 (days 1-3) \$0 copay (days 4+)
Ambulatory surgical center Outpatient hospital center	\$250 copay 20% coinsurance	\$250 copay 20% coinsurance	\$250 copay \$350 copay	\$395 copay \$495 copay
Emergency care (worldwide)	\$90 copay (waived if admitted)	\$90 copay (waived if admitted)	\$90 copay (waived if admitted)	\$90 copay (waived if admitted)
Over the counter (mail order only)	\$25 per quarter	\$25 per quarter	\$50 per quarter	\$50 per quarter
X-rays and lab service	\$20 copay x-rays \$20 copay labs	\$20 copay x-rays \$15 copay labs	\$10 copay x-rays \$10 copay labs	\$20 copay x-rays \$15 copay labs
Eyewear allowance	Not included	\$150 hardware reimbursement	\$150 hardware reimbursement	\$150 hardware reimbursement
Hearing aid allowance (through Hearing Care Solutions)	Not included	\$1,000 per ear/each year	\$1,000 per ear/each year	\$1,000 per ear/each year
Drug deductible	\$180 on tiers 3–5	\$160 on tiers 3–5	\$180 on tiers 4–5	\$160 on tiers 3–5
Preventive dental coverage	\$22.50/mo (optional rider)	\$22.50/mo (optional rider)	Included	Included
Additional dental coverage	Not included	Not included	\$200	Not included

Discrimination is Against the Law Premera Blue Cross Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, color, religion, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-850-8526 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-850-8526 (TTY: 711)。