CITY OF BAKERSFIELD

MEDICARE ADVANTAGE HMO PLANS AS OF JANUARY 1, 2018

(Medicare Part A and Part B required)

	BLUE SHIELD 65+	KAISER - SENIOR ADVANTAGE
Monthly Premium	**$364.95 per person**	**$229.69 per person**
Local Medical Group ~~ choice	**Gemcare Network**	**Kaiser Facility**
Office Visits	$0	$10
Prescription Drugs	From contracting pharmacy	Dispensed by Kaiser pharmacy only
	Tier 1 (Generic) $5/30 day, $15/90 day; **Tier 2** (Preferred Brand) $10/30 day, $30/90 day. **Tier 3** (Non-Preferred) $15/30 day, $45/90 day; **Tier 4** (Injectable) 20% conisurance (up to a $100 max) per RX for 30 day, 20% coinsurance (up to a $300 copay max) per RX for 90 day; **Tier 5** (Specialty) 20% coinsurance (up to a $100 max) per RX, 90 day - Not offered	100 day supply No charge for Part D formulary drugs, or Part B drugs (limited) Generic $10 Brand name $20
Rx - Mail Order	**3 Month (90-day) Supply** **Tier 1** (Generic) $10, **Tier 2** (Preferred Brand) $20 **Tier 3** (Non-Preferred) $30 day **Tier 4** (Injectable) 20% conisurance (up to a $300 max) per RX **Tier 5** (Specialty) Not offered	Same as above - (100 day supply)
Rx Benefit Maximum	Unlimited	Unlimited
Hospital	No charge	$200 per admission
Durable Medical Equipment	100% if medically necessary by Blue Shield	20% Conisurance
Home Health Care	No charge	No charge
Emergency	$50 (waived if admitted)	$50 (waived if admitted)
Skilled Nursing Care	100% up to 100 days per benefit period	100% up to 100 days per benefit period
Ambulance	No charge	$50 per trip
Inpatient Mental Health	100% ~Lifetime limit of 150 days	
Inpatient Psychiatric Hospitalization		$200 per admission
Inpatient Substance Abuse/Detox	No Charge	$200 per admission
Outpatient Substance Abuse/Detox.	No charge	$10
Individual Outpatient mental health evaluation & treatment		$10 per visit
Group outpatient mental health treatment		$5 per visit
Outpatient individual visits & group visits	No charge	$10 / $5
Mammogram	No charge	No charge
Routine Podiatry	100% within your medical group	$10
Chiropractic Care	$5 American Specialty Health Plans Network Providers Only	Manual manipulation of the spine $10
Hearing Aid	Exam - No charge, $500 Max every 24 months	No Coverage
Vision Exam	Exam to diagnose conditions - No charge; Routine eye exam (every 12 month) $10	Routine eye exams with a Plan Optometrist is $10 copay with KP
Eyeglasses	Maximum benefit: $75 ~ 24 month	$150 eyewear allowance (frames/lenses) from Plan Optical Sales Offices ONLY. Every 24 Months.
	Lenses $0 ~ 24 months, contacts in lieu of frames and lenses ~ 24 months maximum benefits $75	
	(Blue View Vision providers only)	
Dental	Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth: No charge	NONE

This chart is for informational purposes only. Please consult your benefits booklet, brochure or insurance company for specifics.