

CITY OF BAKERSFIELD
MEDICARE ADVANTAGE HMO PLANS AS OF JANUARY 1, 2017
(Medicare Part A and Part B required)

	BLUE SHIELD 65+	KAISER - SENIOR ADVANTAGE
Monthly Premium	\$327.29 per person	\$214.22 per person
Local Medical Group ~ choice	Gemcare Network	Kaiser Facility
Office Visits	\$0	\$10
Prescription Drugs	From contracting pharmacy	Dispensed by Kaiser pharmacy only
	\$5 Generic formulary & non ~ 30 day supply, brand name formulary & non with "dispense as written" when no generic is available \$10 ~ 30 day supply, when a generic is available and the	100 day supply no charge for
	NON CONTRACTING PHARMACY	Part D formulary drugs, or Part B drugs (limited)
	pay for drug and submit claim form for reimbursement, co-payment is \$10 following above guideline	Generic \$10 Brand name \$20
Rx - Mail Order	Generic \$10 ~ 90 day supply	Same as above - (100 day supply)
	Brand name with "dispense as written"	
	when no generic is available \$10 ~ 90 day supply, when a generic is available and the prescription has not been indicated as "dispense as written" you pay the \$10 co-payment plus the difference between the brand and generic price	
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 190 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 per year	No Coverage
Vision Exam	\$10 Only a Blue View Vision provider	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
	Lenses \$0 ~ 24 months, contacts in lieu of frames and lenses ~ 24 months maximum benefits \$95 (Blue View Vision providers only)	Every 24 months
Dental	One oral exam per year ~ no charge	NONE
	Teeth cleaning, bite wing x-ray and other services \$0-\$890 copay	