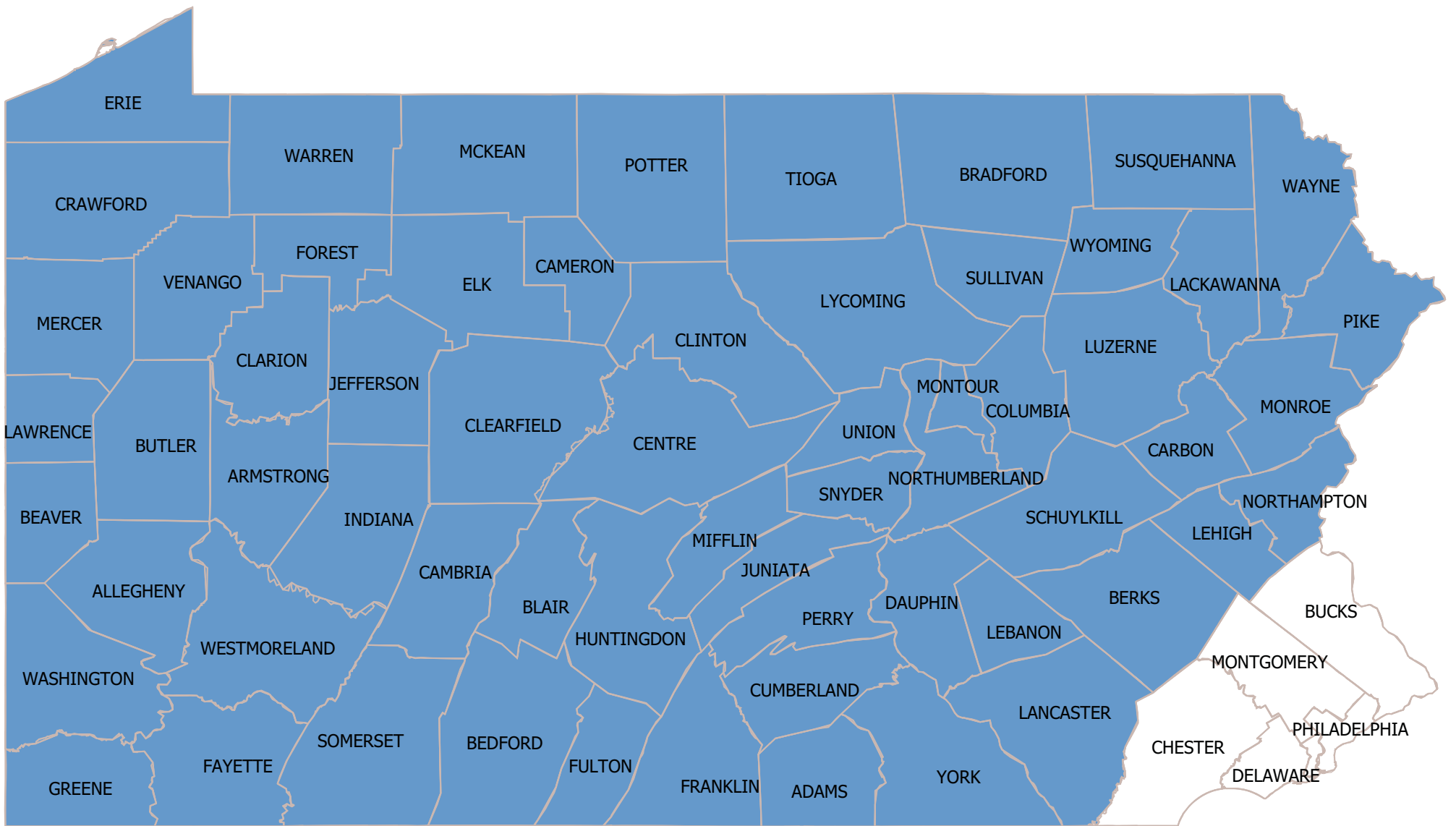


FreedomBlue PFFS (Pennsylvania)

	Choice	Choice Plus
Premium (By Region)	\$60	\$71
PCP Office Visit	\$35 Per Visit	\$30 Per Visit
Specialist Office Visit	\$35 Per Visit	\$30 Per Visit
Diagnostic Tests	\$25 Copay	\$30 Copay
XRays/Advanced Imaging	\$25 X-Ray/\$75 Advanced Imaging	\$30 X-Ray/\$75 Advanced Imaging
Preventive/Screening <i>(Mammograms, PAP Test, Colorectal, Prostate, Immunizations - Flu/Pneumonia)</i>	Covered In Full <i>(Office visit copay may apply)</i>	Covered In Full <i>(Office visit copay may apply)</i>
Outpatient Rehab	\$35 Copay	\$30 Copay
Outpatient Surgical	\$200 Copay	\$100 Copay
Ambulance <i>(per one way trip)</i>	\$100 Copay	\$100 Copay
Emergency Room	\$50 Copay	\$50 Copay
Inpatient Hospital Stay	\$125/day (Days 1-4)/admit \$500 OOP max	\$150/day (Days 1-4)/admit \$600 OOP Max
Skilled Nursing Facility <i>(days 1-100 per benefit period)</i>	\$35/day (Days 11-100)/admit	\$50/day (Days 11-100)/admit
Durable Medical Equipment	20% Coinsurance	20% Coinsurance
Routine Vision <i>(every 2 years)</i>	Davis Network: Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses . Out-of-Network: \$100 benefit maximum for eyewear.	Davis Network: Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses . Out-of-Network: \$100 benefit maximum for eyewear.
Routine Hearing	\$500 for hearing aid(s) every 3 years	\$500 for hearing aid(s) every 3 years
Routine Dental	Not Covered	Not Covered
Routine Chiro/Podiatry	Not Covered	Not Covered
Out-of-Pocket Max	\$3,400	\$3,400
Part D Drugs <i>(Up to 34 Days)</i>		
Initial Coverage <i>(Up to \$2,830 in total Rx Costs)</i>	Not Covered	\$7 Generic, \$42 Preferred Brand, \$90 Non-Pref Brand, 33% Specialty
Coverage Gap <i>(From \$2,830 in total Rx Costs to \$4,550 Member OOP)</i>	Not Covered	Not Covered
Catastrophic Coverage <i>(From \$4,550 Member OOP)</i>	Not Covered	Greater of: 5% or \$2.50 Gen/Multi Source or \$6.30 for all others
Mail Order Drugs <i>(Initial Coverage Period) - Up to 90 Days)</i>	Not Covered	\$17.50 Generic, \$105 Preferred Brand, \$225 Non-Preferred Brand, 33% Specialty



FreedomBlue PFFS PA Service Area