

2025 Iowa Blue Medicare Advantage Plan Benefits

BENEFIT CATEGORIES	BLUE MEDICARE ADVANTAGE SM VALOR PPO In-network / Out-of-network	BLUE MEDICARE ADVANTAGE HMO In-network	BLUE MEDICARE ADVANTAGE PPO SM In-network / Out-of-network	BLUE MEDICARE ADVANTAGE PPO SM In-network / Out-of-network
Premium	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket (MOOP)	\$5,000 / \$5,000	\$4,000	\$3,750 / \$5,500	\$3,750 / \$5,500
Office visit: primary care	\$0 / \$25	\$0	\$0 / \$35	\$0 / \$35
Office visit: specialists	\$50 / \$75	\$35	\$40 / \$70	\$40 / \$70
Physical / Speech Therapy	\$50 / \$75	\$35	\$40 / \$70	\$40 / \$70
Occupational Therapy	\$45 / \$75	\$35	\$40 / \$70	\$40 / \$70
Inpatient hospital care	\$380 (days 1-6) / 40%	\$350 (days 1-6)	\$375 (days 1-6) / 40%	\$375 (days 1-6) / 40%
Diagnostic tests and procedures:				
• X-rays	\$20 / \$30	\$20	\$20 / \$30	\$20 / \$30
• Diagnostic Radiological (e.g., MRI)	\$200 / \$300	\$150	\$200 / \$300	\$200 / \$300
• Lab	\$15 / \$20	\$5	\$10 / \$20	\$10 / \$20
• Other Diagnostic Tests	\$50 / \$75	\$35	\$40 / \$70	\$40 / \$70
Outpatient hospital:				
• Non-Surgical	\$50 / \$75	\$35	\$40 / \$70	\$40 / \$70
• Ambulatory	\$300 / \$500	\$200	\$200 / \$300	\$200 / \$300
• Surgical	\$400 / \$500	\$350	\$400 / \$500	\$400 / \$500
Chiropractic services:				
• X-rays	\$0 one set of x-rays/yr.	\$0 one set of x-rays/yr.	\$0 one set of x-rays/yr.	\$0 one set of x-rays/yr.
• Medicare-covered visit	\$20 / \$40	\$20	\$20 / \$55	\$20 / \$55
• Routine (14 visit limit)	\$30 / \$40	\$25	\$30 / \$55	\$30 / \$55
Diabetic Supplies				
• Test strips & lancets	0% / 20%	0%	0%	0%
• Other diabetic supplies	0% / 20%	0%	0%	0%
• Diabetic shoes & inserts	0% / 20%	0%	0%	0%
Ambulance	\$400	\$300	\$350	\$350
Urgent care	\$55	\$45	\$50	\$50
Emergency Room	\$125	\$125	\$125	\$125
Worldwide Emergency & Urgent Care	\$120	\$120	\$120	\$120
Worldwide Emergency Transportation	\$400	Not covered	\$350	\$350

Blue Medicare Advantage PPOSM, Medicare Advantage Enhanced PPOSM, Blue Medicare AdvantageSM Valor PPO are service marks of the Blue Cross and Blue Shield Association

2025 Iowa Supplemental Benefits

IN-NETWORK BENEFITS	BLUE MEDICARE ADVANTAGE SM VALOR PPO	BLUE MEDICARE ADVANTAGE HMO	BLUE MEDICARE ADVANTAGE PPO SM	BLUE MEDICARE ADVANTAGE PPO SM
Fitness	✓	✓	✓	✓
Member Rewards Program	✓	✓	✓	✓
Virtual Visits • Doctor on Demand • PCP Telehealth • Specialist Telehealth	\$0 \$0 \$50	\$0 \$0 \$35	\$0 \$0 \$40	\$0 \$0 \$40
Dental • Delta Dental Network • Preventive Exam • Fluoride Treatments • Annual Allowance • Comprehensive Services • Dentures & Bridges	National Network \$0 2 times per year \$1,500 25% IN / 50% OON Not Covered	Delta Dental of Iowa \$0 2 times per year \$1,500 25% Covered	National Network \$0 2 times per year \$1,500 25% IN / 50% OON Covered	National Network \$0 2 times per year \$1,500 25% IN / 50% OON Covered
Vision • Preventive Exam • Glasses Lens Coverage* • Eyewear/Contact Lens Allowance	\$0 Covered in Full* \$100	\$0 Covered in Full* \$150	\$0 Covered in Full* \$100	\$0 Covered in Full* \$100
Hearing • Preventive Exam • Annual Hearing Aid Allowance	Not Covered	\$0 \$500 per ear per year	\$0 \$500 per ear per year	\$0 \$500 per ear per year
Over-the-counter (OTC) Items	\$50 per quarter	\$55 per quarter	\$50 per quarter	\$50 per quarter
Meals (following an inpatient stay)	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days
Personal Emergency Response Service	✓	x	x	x

* Lenses covered in full: single vision, lined bifocals, lined trifocals, lenticular lenses, and upgrades for standard progressives.

2025 Iowa Pharmacy Benefits

30-Day Supply

COST SHARES	DEDUCTIBLE	BLUE MEDICARE ADVANTAGE HMO SM Standard / Mail	BLUE MEDICARE ADVANTAGE PPO SM Standard / Mail	BLUE MEDICARE ENHANCE SM Standard / Mail
Tier 1: Preferred Generic	\$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Tier 2: Generic		\$12 / \$12	\$12 / \$12	\$10 / \$10
Tier 3: Preferred Brand		\$47 / \$47	\$47 / \$47	\$47 / \$47
Tier 4: Non-Preferred Brand		50% / 50%	50% / 50%	50% / 50%
Tier 5: Specialty		33% / 33%	33% / 33%	33% / 33%
Catastrophic Coverage (OOP — \$2,000)		Once your out-of-pocket costs reach \$2,000, you pay \$0		

100-Day Supply

COST SHARES	DEDUCTIBLE	BLUE MEDICARE ADVANTAGE HMO SM Standard / Mail 30-day cost times: 3 / 2.5	BLUE MEDICARE ADVANTAGE PPO SM Standard / Mail 30-day cost times: 3 / 2.5	BLUE MEDICARE ENHANCED SM Standard / Mail 30-day cost times: 3 / 2.5
Tier 1: Preferred Generic	\$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Tier 2: Generic		\$36 / \$0	\$36 / \$0	\$30 / \$0
Tier 3: Preferred Brand		\$141 / \$117.50	\$141 / \$117.50	\$141 / \$117.50
Tier 4: Non-Preferred Brand		50% / 50%	50% / 50%	50% / 50%
Tier 5: Specialty		N/A	N/A	N/A
Catastrophic Coverage (OOP — \$2,000)		Once your out-of-pocket costs reach \$2,000, you pay \$0		