

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 ENHANCED PPO SM In-network / Out-of-network
Premium	\$0	\$0	\$0	\$63
Maximum Out-of-Pocket (MOOP)	\$5,000 / \$5,000	\$4,000	\$3,750 / \$5,500	\$3,650 / \$5,450
Office visit: primary care	\$0 / \$25	\$0	\$0 / \$35	\$0 / \$20
Office visit: specialists	\$50 / \$75	\$35	\$40 / \$70	\$30 / \$35
Physical / Speech Therapy	\$50 / \$75	\$35	\$40 / \$70	\$30 / \$35
Occupational Therapy	\$45 / \$75	\$35	\$40 / \$70	\$30 / \$35
Inpatient hospital care	\$380 (days 1-6) / 40%	\$350 (days 1-6)	\$375 (days 1-6) / 40%	\$300 (days 1-6) / 40%
Diagnostic tests and procedures:				
• X-rays	\$20 / \$30	\$20	\$20 / \$30	\$10 / \$20
• Diagnostic Radiological (e.g., MRI)	\$200 / \$300	\$150	\$200 / \$300	\$75 / \$200
• Lab	\$15 / \$20	\$5	\$10 / \$20	\$0 / \$10
• Other Diagnostic Tests	\$50 / \$75	\$35	\$40 / \$70	\$30 / \$35
Outpatient hospital:				
• Non-Surgical	\$50 / \$75	\$35	\$40 / \$70	\$30 / \$35
• Ambulatory	\$300 / \$500	\$200	\$200 / \$300	\$200 / \$300
• Surgical	\$400 / \$500	\$350	\$400 / \$500	\$300 / \$400
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 / \$50
• Routine (14 visit limit)	\$30 / \$40	\$25	\$30 / \$55	\$25 / \$50
Diabetic Supplies				
• Test strips & lancets	0% / 20%	0%	0%	0% / 20%
• Other diabetic supplies	0% / 20%	0%	0%	0% / 20%
• Diabetic shoes & inserts	0% / 20%	0%	0%	0% / 20%
Ambulance	\$400	\$300	\$350	\$300
Urgent care	\$55	\$45	\$50	\$35
Emergency Room	\$125	\$125	\$125	\$125
Worldwide Emergency & Urgent Care	\$120	\$120	\$120	\$120
Worldwide Emergency Transportation	\$400	Not covered	\$350	\$300

*** Pending CMS Approval ***

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 ENHANCED PPO SM
Fitness	✓	✓	✓	✓
Member Rewards Program	✓	✓	✓	✓
Virtual Visits				
• Doctor on Demand	\$0	\$0	\$0	\$0
• PCP Telehealth	\$0	\$0	\$0	\$0
• Specialist Telehealth	\$50	\$35	\$40	\$30
Dental				
• Delta Dental Network	National Network	Delta Dental of Iowa	National Network	National Network
• Preventive Exam	\$0	\$0	\$0	\$0
• Fluoride Treatments	2 times per year	2 times per year	2 times per year	2 times per year
• Annual Allowance	\$1,500	\$1,500	\$1,500	\$2,000
• Comprehensive Services	25% IN / 50% OON	25%	25% IN / 50% OON	25% IN / 50% OON
• Dentures & Bridges	Not Covered	Covered	Covered	Covered
Vision				
• Preventive Exam	\$0	\$0	\$0	\$0
• Glasses Lens Coverage*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
• Eyewear/Contact Lens Allowance	\$100	\$150	\$100	\$100
Hearing				
• Preventive Exam	Not Covered	\$0	\$0	\$0
• Annual Hearing Aid Allowance		\$500 per ear per year	\$500 per ear per year	\$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	✓

*** Pending CMS Approval ***

* **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 ADVANTAGE ENHANCED PPO 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 ADVANTAGE ENHANCED PPO 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		

*** Pending CMS Approval ***

2025 SD Blue Medicare Advantage Plan Benefits

BENEFIT CATEGORIES	BLUE MEDICARE ADVANTAGE SM VALOR PPO In-network / Out-of-network	BLUE MEDICARE ADVANTAGE PPO AVERA Avera Network / PPO In-network / Out-of-network	BLUE MEDICARE ADVANTAGE PPO SM Combined In- and Out-of-network	MEDICARE ADVANTAGE ENHANCED PPO SM Combined In- and Out-of-network
Premium	\$0	\$0	\$22	\$63
Maximum Out-of-Pocket (MOOP)	\$5,000 / \$5,000	\$4,500 IN / \$9,000 OON	\$4,200	\$3,800
Office visit: primary care	\$0 / \$25	\$0 / \$15 / \$30	\$0	\$0
Office visit: specialists	\$50 / \$75	\$30 / \$60 / \$90	\$45	\$30
Physical / Speech Therapy	\$40 / \$75	\$15 / \$60 / \$90	\$45	\$20
Occupational Therapy	\$45 / \$75	\$15 / \$45 / \$90	\$45	\$20
Inpatient hospital care	\$325 (days 1-6) / 40%	\$500 / \$1,000 / \$1,500 per stay	\$300 Days 1-6	\$425 per stay
Diagnostic tests and procedures:				
• X-rays	\$20 / \$30	\$10 / \$20 / \$30	\$20	\$10
• Diagnostic Radiological (e.g., MRI)	\$200 / \$300	\$90 / \$180 / \$270	\$100	\$125
• Lab	\$0 / \$0	\$5 / \$15 / \$30	\$5	\$0
• Other Diagnostic Tests	\$50 / \$75	\$30 / \$60 / \$90	\$45	\$30
Outpatient hospital:				
• Knee & Hip	\$0 (ASC) - \$400 / \$500	\$0 / \$300-\$500 / \$450-\$750	\$250 (ASC) - \$350	\$175 (ASC) - \$200
• Non-Surgical	\$50 / \$75	\$30 / \$60 / \$90	\$45	\$30
• Ambulatory	\$0 (knee/hip) - \$300 / \$500	\$150 / \$300 / \$450	\$250	\$175
• Surgical	\$400 / \$500	\$250 / \$500 / \$750	\$350	\$200
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	\$20
• Routine (14 visit limit)	\$30 / \$40	\$30	\$30	\$25
Diabetic Supplies				
• Test strips & lancets	0% / 20%	0% / 30% / 40%	0%	0%
• Other diabetic supplies	0% / 20%	0% / 30% / 40%	0%	0%
• Diabetic shoes & inserts	0% / 20%	0% / 30% / 40%	0%	0%
Ambulance	\$400	\$350	\$350	\$325
Urgent care	\$55	\$50	\$50	\$45
Emergency Room	\$125	\$125	\$125	\$120
Worldwide Emergency & Urgent Care	\$120	\$120	\$120	\$120
Worldwide Emergency Transportation	\$400	\$350	\$350	\$325

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

*** Pending CMS Approval ***

2025 South Dakota Supplemental Benefits

IN-NETWORK BENEFITS	BLUE MEDICARE ADVANTAGE SM VALOR PPO	BLUE MEDICARE ADVANTAGE PPO AVERA	BLUE MEDICARE ADVANTAGE PPO SM	MEDICARE ADVANTAGE ENHANCED PPO SM
Fitness	✓	✓	✓	✓
Member Rewards Program	✓	✓	✓	✓
Virtual Visits • Doctor on Demand • PCP Telehealth • Specialist Telehealth	\$0 \$0 \$50	\$0 \$0 \$30	\$0 \$0 \$45	\$0 \$0 \$30
Dental • Preventive Exam • Annual Allowance • Restorative Services • Other Services	\$0 \$1,500 50% 50%	\$15 \$1,150 25% 50%	\$15 \$1,000 50% 50%	\$0 \$1,500 25% 50%
Vision • Preventive Exam • Glasses Lens Coverage* • Annual Eyewear/Contact Lens Allowance	\$0 Covered in Full* \$100	\$0 Covered in Full* \$100	\$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	\$50 per quarter	\$50 per quarter	\$50 per quarter
Meals (following an inpatient or SNF discharge)	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	✓

*** Pending CMS Approval ***

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

2025 South Dakota Pharmacy Benefits

30-Day Supply

COST SHARES	DEDUCTIBLE	BLUE MEDICARE ADVANTAGE PPO SM AVERA Standard / Mail	BLUE MEDICARE ADVANTAGE PPO SM Standard / Mail	MEDICARE ADVANTAGE ENHANCED PPO SM Standard / Mail
Tier 1: Preferred Generic	\$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Tier 2: Generic		\$10 / \$10	\$12 / \$12	\$12 / \$12
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 PPO SM AVERA Standard / Mail 30-day cost times: 3 / 2.5	BLUE MEDICARE ADVANTAGE PPO SM Standard / Mail 30-day cost times: 3 / 2.5	MEDICARE ADVANTAGE ENHANCED PPO SM Standard / Mail 30-day cost times: 3 / 2.5
Tier 1: Preferred Generic	\$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Tier 2: Generic		\$30 / \$0	\$36 / \$0	\$36 / \$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		

*** Pending CMS Approval ***