



# 2026 Plan Highlights

Extra coverage for when Original Medicare isn't enough

## C Plus<sup>SM</sup> Medicare Select

C Plus is a Medicare Select Plan, a type of Medigap/Medicare supplemental plan that helps cover costs not paid by Medicare Parts A (Hospital) and B (Medical). It provides wide access to healthcare providers, useful extra benefits and a simple, straightforward enrollment process—without any underwriting restrictions or penalties.

- ✓ 100% coverage for Medicare-eligible inpatient hospital stays
- ✓ 100% of Alabama hospitals and 90% of doctors are in-network<sup>1</sup>
- ✓ Use any doctor or hospital accepting Medicare when traveling out of state
- ✓ No referral needed to see specialists
- ✓ \$0 annual routine hearing exam and hearing aid copays starting at \$499, one aid per ear, per year (both from TruHearing<sup>2</sup> providers only)

### Have questions about C Plus or need help enrolling?

Call **1-877-278-7007 (TTY 711)**, 8 a.m. – 6 p.m. CST<sup>3</sup>

Or visit us online at **BCBSALMedicare.com** anytime!

<sup>1</sup> Doctors refers to Medicare participating providers. Source: BCBSALMedicare.com/whybcbsal <sup>2</sup> All content ©2025 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Savings and retail pricing based on a survey of national average hearing aid prices of equivalent aids compared to pricing for TruHearing-branded aids. Actual savings may vary. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing Hearing Consultant. TruHearing® is an independent company offering exclusive hearing aid savings for Blue Cross and Blue Shield of Alabama members. <sup>3</sup> We are available Monday – Friday, 8 a.m. – 6 p.m. CST. From October 1 to March 31, the hours of operation are Monday – Sunday, 8 a.m. – 6 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day. <sup>4</sup> Amounts shown are the 2025 deductibles and copays and may change on January 1, 2026. <sup>5</sup> After 90 consecutive days of hospitalization, Medicare benefits are paid from a one-time Lifetime Reserve of 60 additional days that are not renewable each benefit period. <sup>6</sup> Air medical transport services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical services terminate if coverage by your health plan ends. <sup>7</sup> You must meet specific eligibility requirements to qualify for Plan-F.

This is a solicitation of insurance. Contact may be made by an issuer or insurance producer. C Plus<sup>SM</sup> is a Medicare Select Plan and is a private insurance plan regulated by the Alabama Department of Insurance. It is not connected with or endorsed by the U.S. government or the federal Medicare program.

Blue Cross and Blue Shield of Alabama also offers Plan A, a Medicare Supplement plan that provides you with basic hospital benefits. With Plan A, you can use any Medicare-participating hospital you want. There is a 180-day waiting period for pre-existing conditions. For 2026, the monthly premium for Plan A is \$177, regardless of your age.

v1.0 (Sept 2025) Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.



*We cover what matters.*

**Let Blue work for you.**

<b>In 2025<sup>4</sup></b> (2026 Medicare rates unavailable at time of print)	<b>Medicare alone YOU'LL PAY:</b>	<b>With PLAN-B YOU PAY:</b>	<b>With PLAN-G YOU PAY:</b>	<b>With PLAN-F<sup>7</sup> YOU PAY:</b>
<b>Part A Hospital Expenses</b>				
Initial Part A hospital deductible	\$1,676	\$0	\$0	\$0
Daily copay for days 61–90 in a hospital	\$419 per day	\$0	\$0	\$0
Daily copay for days 91–150 in a hospital (Lifetime Reserve) <sup>5</sup>	\$838 per day	\$0	\$0	\$0
Additional 365 days once Lifetime Reserve days are used	All Costs	\$0	\$0	\$0
Daily copay for days 21–100 in a Skilled Nursing Facility	\$209.50 per day	\$209.50 per day	\$0	\$0
<b>Part B Physician Services and Supplies</b>				
Annual Part B deductible	\$257	\$257	\$257	\$0
20% of the Medicare-approved amounts (Medicare pays 80%) for: • Doctor and specialist visits • Lab and X-ray • Outpatient services and procedures • Durable medical equipment • Other Part B services	20%	20% until you meet your deductible \$0 after you meet your deductible	20% until you meet your deductible \$0 after you meet your deductible	\$0
<b>Other Benefits Not Covered by Medicare</b>				
<b>Foreign Travel Emergency<sup>6</sup></b> Medically necessary emergency care services during the first 60 days of each trip outside of the United States	All Costs	All Costs	\$250 annual deductible, plus 20% coinsurance on eligible charges up to a lifetime maximum of \$50,000	\$250 annual deductible, plus 20% coinsurance on eligible charges up to a lifetime maximum of \$50,000

**What You Pay for C Plus**

<b>Age Category When You Enroll:</b>	<b>2026 Monthly Premium</b>		
	<b>C Plus Plan-B</b>	<b>C Plus Plan-G</b>	<b>C Plus Plan-F</b>
<b>Age 65</b>	\$216	\$237	\$272
<b>Age 66–69</b>	\$238	\$262	\$300
<b>Age 70 &amp; Above</b>	\$264	\$290	\$333
<b>Under age 65 and eligible for Medicare because you are disabled</b>	\$432	\$474	\$544