



2023 Plan Highlights

The all-in-one, flexible Medicare Advantage plan that's made for Alabamians

Why Alabamians Are Choosing Blue Advantage® (PPO)

Some Medicare plans know you as a number. We know you as OUR NEIGHBOR.

For more than 85 years, Blue Cross and Blue Shield of Alabama has provided local, friendly and knowledgeable customer service to the communities we also call home.

What is Blue Advantage?

Medicare works with private insurance companies like Blue Cross to provide Medicare Advantage plans. Blue Advantage includes all Original Medicare (Parts A and B) benefits, along with prescription drug coverage and many extra benefits:

- ▶ Choice of plans, including \$0 premium option
- ▶ Large provider network — 100% of Alabama hospitals and more than 90% of doctors
- ▶ No referral required for network doctors, specialists or hospitals
- ▶ Dental, vision and hearing

When can you enroll?

Annual Election Period (Every Year)

October 15-December 7

Initial Enrollment Period (Turning 65)

This 7-month period starts three months before your birth month and continues for three months after you turn 65.

Special Enrollment Period (Special Circumstances)

When certain events happen — if you move, lose your current creditable coverage or other special circumstances — you may qualify for a Special Enrollment Period.

Three reasons why Blue Advantage is right for you:

1. Hospital, doctor and drug coverage included with one card.
2. Annual caps protect you from runaway bills.
3. You're covered in Alabama and when you travel!

SUMMARY OF WHAT YOU WILL PAY IN 2023

2023 MONTHLY PLAN PREMIUM	Blue Advantage COMPLETE	Blue Advantage PREMIER
	\$0	\$164
Primary Care Doctor (copay per visit)	\$5	\$5
Specialist (copay per visit)	\$40	\$25
Telehealth (copay per visit)	\$5 – \$55	\$5 – \$55
Lab Services	\$0	\$0
X-rays	\$15	\$5
Diagnostic Radiology (MRI, CT scans)	\$75	\$25
Outpatient Hospital	\$0 – \$245	\$0 – \$150
Physical, Occupational, and Speech Therapy Sessions	\$30	\$20
Ambulance Services	\$275 per one-way trip	\$150 per one-way trip
Inpatient Hospital Stay (Acute)	\$290 per day for days 1 - 7 \$0 per day for days 8 - 90 \$0 for each additional hospital day	\$175 per day for days 1 - 5 \$0 per day for days 6 - 90 \$0 for each additional hospital day
Inpatient Hospital Stay (Psychiatric)	\$290 per day for days 1 – 7 \$0 for days 8 – 90 \$0 for each additional hospital day, up to the 190 day lifetime limit	\$175 per day for days 1 – 5 \$0 for days 6 – 90 \$0 for each additional hospital day, up to the 190 day lifetime limit
Post-Discharge Meals *** (for members with two or more of the following chronic conditions: COPD, Diabetes, CHF, Vascular Disease, Rheumatoid Arthritis)	\$0 14 meals delivered	\$0 14 meals delivered
Skilled Nursing Facility (prior hospital stay not required)	\$0 per day for days 1 – 20 \$188 per day for days 21 – 100	\$0 per day for days 1 – 20 \$100 per day for days 21 – 55 \$0 per day for days 56 – 100
Medicare Part B Drugs (injectable and infused drugs like chemo, etc.)	20% coinsurance	20% coinsurance
Emergency Room Visit	\$110 – (waived if admitted within 24 hours)	\$120 – (waived if admitted within 24 hours)
Worldwide Emergency/ Urgent Coverage	\$50,000 annually; no deductible; cost sharing applies	\$50,000 annually; no deductible; cost sharing applies
Insulin Savings Program	\$28 per month for select insulins (preferred pharmacies)	\$28 per month for select insulins (preferred pharmacies)
Diabetic Supplies (Blood glucose meters and test strips ³)	\$0	\$0
Comprehensive and Preventive Dental Allowance	\$1,000 per calendar year	\$1,300 per calendar year – <i>Increased from 2022!</i>
Annual Routine Vision and Hearing Exam	\$0 – Must use a TruHearing® network provider for routine hearing exam	\$0 – Must use a TruHearing® network provider for routine hearing exam
Eyewear Allowance	\$100 per calendar year	\$100 per calendar year
Hearing Aids	\$699/\$999 – (One high-tech TruHearing branded hearing aid per ear, per year)*	\$699/\$999 – (One high-tech TruHearing branded hearing aid per ear, per year) *
NEW In-Home Support Services	N/A	Companions to provide assistance with non- clinical activities of daily living, up to 90 hours annually
MOOP: (Maximum Out-Of-Pocket) Amount	\$5,100 in-network \$7,500 combined in/out-of-network	\$3,400 in-network \$5,100 combined in/out-of-network

MEDICARE PRESCRIPTION DRUG COVERAGE IS INCLUDED.

2023 PRESCRIPTION DRUG BENEFITS:	Blue Advantage COMPLETE	Blue Advantage PREMIER
Part D Deductible	Tiers 1, 2 & 6: You pay \$0 deductible Tiers 3, 4 & 5: You pay \$150 annual deductible. Select insulins: You pay \$0 deductible	All Tiers: You pay \$0 deductible Select insulins: You pay \$0 deductible
Part D Drug Copays/Coinsurance	After deductible, you pay... At PREFERRED Cost-Sharing Pharmacies Tier 1 _Preferred Generic..... \$11 Tier 2 _Generic..... \$20 Tier 3 _Preferred Brand..... \$47 Tier 4 _Non-Preferred Drug..... 34% Tier 5 _Specialty Tier..... 30 Tier 6 _Select Care Drugs..... \$0 Select Insulins (Tiers 3 & 4)..... \$35	You pay... At PREFERRED Cost-Sharing Pharmacies Tier 1 _Preferred Generic..... \$3 Tier 2 _Generic..... \$8 Tier 3 _Preferred Brand..... \$40 Tier 4 _Non-Preferred Drug..... 42% Tier 5 _Specialty Tier..... 33% Tier 6 _Select Care Drugs..... \$0 Select Insulins (Tiers 3 & 4)..... \$28
	At STANDARD Cost-Sharing Pharmacies Tier 1 _Preferred Generic..... \$11 Tier 2 _Generic..... \$20 Tier 3 _Preferred Brand..... \$47 Tier 4 _Non-Preferred Drug..... 34 Tier 5 _Specialty Tier..... 30 Tier 6 _Select Care Drugs..... \$0 Select Insulins (Tiers 3 & 4)..... \$35	At STANDARD Cost-Sharing Pharmacies Tier 1 _Preferred Generic..... \$10 Tier 2 _Generic..... \$15 Tier 3 _Preferred Brand..... \$47 Tier 4 _Non-Preferred Drug..... 47% Tier 5 _Specialty Tier..... 33% Tier 6 _Select Care Drugs..... \$0 Select Insulins (Tiers 3 & 4)..... \$35
Part D Coverage Gap (also known as the “donut hole”) Starts when total drug cost (what you and the plan spend) reaches \$4,660 in 2023.	You pay \$0 for Tier 6 Select Care drugs. You pay 25% of generic drug costs and 25% of brand-name drug costs. The Insulin Savings Program pricing will apply to select insulins. You pay \$28 copay at preferred pharmacies and \$35 copay at standard pharmacies for select insulins.	
Part D Catastrophic Coverage Starts when your annual out-of-pocket cost reaches \$7,400 in 2023.	You pay the greater of \$4.15 for generic drugs and \$10.35 for brand-name drugs OR 5% coinsurance per prescription for the rest of the year. This includes select insulins. Blue Advantage pays the rest.	

UNDERSTANDING YOUR BLUE ADVANTAGE DRUG COVERAGE

A large pharmacy network

There are more than 800 preferred pharmacies in Alabama that make it convenient for you to save money. Our Preferred pharmacy network includes Costco, Kroger, Publix, Sam's, Walgreens, Walmart, Winn-Dixie and hundreds of local neighborhood pharmacies.⁴

Rx Savings Solutions service

This service helps you easily find the lowest-price options for prescription drugs. It's linked to your health plan, so everything is personalized.

Home delivery pharmacy service

Get your routine medication without leaving your home! Services are offered through many of our in-network pharmacies or by mail through Express Scripts, AllianceRx Walgreens Pharmacy, Kroger PPS, Costco, or Amazon Pharmacy.

Visit [BCBSALMedicare.com/PreferredPharmacies](https://www.bcbsalmedicare.com/PreferredPharmacies) for a list of Preferred Retail Pharmacies near you.

You must continue to pay your Medicare Part B premium. The benefits shown above and on the preceding page represent Medicare-covered services at the in-network level of coverage unless otherwise stated. Please refer to the Evidence of Coverage for a listing of additional benefits. Contact the plan for more detailed information.

³Only the Ascensia (Contour) and LifeScan (OneTouch) blood glucose meters and test strips are covered. Test strips are limited to 204 per 30 days.

⁴NOTE: Although unexpected, pharmacy network participation can change. Please visit [BCBSALMedicare.com](https://www.bcbsalmedicare.com) for the most up-to-date pharmacy information.

BLUE ADVANTAGE PLANS ALSO INCLUDE THESE VALUABLE HEALTH AND WELLNESS FEATURES:



Free SilverSneakers® fitness membership[†]

Get fit, have fun and make friends with the nation's leading exercise program for active older adults.



TruHearing® Services*

Enjoy a \$0 copay for annual routine hearing exam and discounted hearing aids.



Preventive Services and Screenings

Take advantage of health screenings, immunizations and other Medicare-recommended preventive services at no additional cost to you.



AirMed International**

If you're hospitalized more than 150 miles from home, AirMed International will transport you via air ambulance to your local hospital at no cost to you.



24-Hour Nurse Hotline

"On-call" nurses are available to answer your questions 24 hours a day, 365 days a year.



Large Provider Network

Over 90% of Alabama doctors and 100% of hospitals are in our provider network.



Medication Therapy Management

Gain access to expert advice to help you safely manage your medications.



Disease Management Program

Manage chronic conditions with the guidance of our nurses through early intervention, appropriate treatments and lifestyle changes — at no cost.



myBlueCross

Save time and efficiently manage your health with 24/7 online access to personalized health information.

Strong. Dependable. Experienced. Local.

When you want benefits you can depend on, service you can rely on and the peace of mind that comes from working with a local leader with a national reputation, choose Blue Cross and Blue Shield of Alabama. For more than 85 years, people all across our state have turned to Blue Cross for access to quality healthcare coverage. Today, we're one of the most popular health plan choices in Alabama.

HAVE QUESTIONS ABOUT ANY OF OUR PLANS OR NEED HELP ENROLLING?

CALL US TOLL FREE AT

1-888-627-4715 (TTY 711)

8 a.m. to 8 p.m., 7 days a week[†]

CURRENT BLUE CROSS MEMBERS, PLEASE CALL:

1-855-277-0036 (TTY 711)

8 a.m. to 8 p.m., 7 days a week^{††}

OR VISIT US ONLINE ANYTIME AT:

[BCBSALMedicare.com](https://www.bcbasalmedicare.com)



BlueCross BlueShield of Alabama

This information is not a complete description of benefits. This is a summary of drug and health services covered by Blue Advantage (PPO). It doesn't list every service that we cover or list every limitation or exclusion. If you would like a detailed Evidence of Coverage, you may call us at 1-888-873-4707 (TTY 711) or visit [BCBSALMedicare.com](https://www.bcbasalmedicare.com).

[†]Monday - Friday, 8 a.m. - 8 p.m. (Oct 1st - Dec 7th: 7 days a week, 8 a.m. - 8 p.m.) On weekends and holidays, you may be required to leave a message. Calls will be returned the next business day.

^{††}7 days a week from 8am to 8pm CST. From April 1 to September 30 and on weekends and holidays, you may be required to leave a message. Calls will be returned the next business day.

[†]SilverSneakers is a registered trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

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**Air medical transport services are provided through a contract with AirMed International, LLC. AirMed International, LLC is 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 plan ends.

***You may qualify for a maximum of 14 home-delivered meals from an approved vendor upon each hospital discharge when diagnosed with a minimum of two of the following chronic conditions: COPD, Congestive Heart failure, Diabetes, Rheumatoid Arthritis or Vascular disease.

⁵Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Alabama members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

¹Worldwide Emergency/Urgent Coverage refers to coverage of services outside the United States and its territories. Under this benefit, enrollees may obtain only services that would be classified as emergency and urgently needed services had they been covered in the United States. Members utilizing this benefit may remain enrolled in this plan while temporarily outside the United States or its territories for up to six months. This coverage also includes ambulance services worldwide. In-network copays will apply for each covered worldwide emergency/urgent service received.

²Prime Therapeutic LLC is an independent company, contracted by Blue Cross and Blue Shield of Alabama to provide pharmacy benefit management services. Express Scripts, AllianceRx Walgreens, Kroger and Costco are independent companies providing prescription drug home delivery services.

Blue Advantage is a PPO with a Medicare contract. Enrollment in Blue Advantage depends on CMS contract renewal. You must continue to pay your Medicare Part B premium. Medicare beneficiaries may also enroll in Blue Advantage (PPO) through the CMS Medicare Online Enrollment Center located at www.medicare.gov. This is a solicitation of insurance. Contact may be made by an issuer or insurance producer. C PlusSM 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.