

Your Guide to 2024 Medicare Coverage Options

The Medicare coverage you need today, from the local company trusted by Alabamians for generations.



**BlueCross BlueShield
of Alabama**

Medicare that's focused on **YOU**

Welcome

Understanding Medicare and your coverage options can be a challenge, but we can help. This guide will help you navigate how Medicare works, give you tools to help you choose a plan and explain three different color-coded plan options with Blue Cross and Blue Shield of Alabama.

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CALL US

1-888-627-4715 (TTY 711) Our local advisors are here for you 8 a.m. – 8 p.m., Monday – Friday¹



MEET IN PERSON

To RSVP for one of our meetings, call us or register online at BCBSALMedicare.com/Meet



VISIT US ONLINE

Visit BCBSALMedicare.com to learn more.

¹ We are available Monday – Friday, 8 a.m. – 8 p.m. CST. From October 1 through December 7, the hours of operation are Monday – Sunday, 8 a.m. – 8 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. For accommodations of persons with special needs at meetings, call 1-888-246-7023 (TTY 711).

Eligibility and Enrollment

Who is eligible for Medicare?

- ✓ You are age 65 or older, a U.S. citizen or a permanent U.S. resident and have lived in the U.S. continuously for five years prior to applying.
- ✓ You are younger than 65 with a qualifying disability.
- ✓ You are any age with a diagnosis of end-stage renal disease or ALS.

When can you enroll in Medicare Coverage?

INITIAL ENROLLMENT PERIOD (IEP)

THREE MONTHS BEFORE YOUR BIRTHDAY MONTH, YOUR BIRTHDAY MONTH AND THREE MONTHS AFTER

This is the seven-month window surrounding your 65th birthday when you can first enroll in Original Medicare (Part A and/or Part B). You can also enroll in a Medicare Prescription Drug (Part D) plan if you are already enrolled in Original Medicare.



ANNUAL ENROLLMENT PERIOD (AEP)

OCTOBER 15 THROUGH DECEMBER 7

AEP is an annual opportunity to review and, if necessary, make enrollment changes to your Medicare coverage, including changing Medicare Advantage plans or adding a Medicare Advantage plan.



MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD (MAOEP)

JANUARY 1 THROUGH MARCH 3

OEP runs January 1 through March 31. During this period, if you are enrolled in a Medicare Advantage (MA) plan, you are allowed to make a one-time election to go to another MA plan or to Original Medicare. If you enroll in Original Medicare, you may also purchase a Medicare Supplement and/or a Prescription Drug Plan.



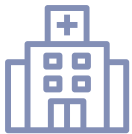
SPECIAL ENROLLMENT PERIOD

After certain events, such as a recent move outside of your plan's service area, or losing your employer or union coverage, you may be eligible for a Special Enrollment Period.

Medicare explained one part at a time:

Medicare is a federal program that provides health insurance for people 65 or older — and for younger individuals who may qualify because of special circumstances. It is administered by the Centers for Medicare and Medicaid Services (CMS). Medicare has four different parts, and each covers a different type of care.

Part A and Part B are provided through the U.S. Government and are referred to as Original Medicare.



PART A Hospital stays

- Inpatient hospital care
 - Skilled nursing facility care
 - Hospice care
-



PART B Medical and doctor visits

- Doctor's visits and tests
 - Outpatient care
 - Preventive care
-

Part C and Part D are offered through Medicare-approved private insurance carriers, like Blue Cross and Blue Shield of Alabama.



PART C Medicare Advantage

- Medicare Advantage is an all-in-one bundled plan that includes Part A, Part B and usually prescription drugs. When your plan includes prescription drug coverage, it is known as a Medicare Advantage Prescription Drug (MAPD) plan.
 - They are run by private insurance plans with their own local network of providers, generally a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) style plan.
 - They may include extras like dental, vision and hearing benefits.
-



PART D Prescription drug coverage

- Cost of outpatient prescription drugs
 - Covers generic and brand-name drugs
 - Run by Medicare-approved private insurance companies
 - Part D can be offered in 2 ways — coverage combined with a Medicare Advantage (MA) plan, or as a stand-alone prescription drug plan (PDP).
-



MEDICARE SUPPLEMENT PLANS

While Medicare Supplement (aka Medigap) plans are not part of Medicare, they can play an important role to help bridge the gaps in your Original Medicare coverage. Medigap plans help cover hospital and medical deductibles, copays and coinsurance that you usually have to pay with your Original Medicare plan. These types of plans do not include prescription drug coverage.

Medicare Part D 101



How prescription drug coverage works

Medicare Part D helps pay for the prescription drugs you use. This coverage is not automatic — you decide whether or not to enroll in a private Medicare Part D plan. You can buy a separate policy just for drugs, called a Prescription Drug Plan (PDP), or you can get your Medicare Part D coverage through a Medicare Advantage plan (most include health and prescription benefits). Understanding how the Medicare Part D benefits work will help you pick the right plan for you.

Medicare's 2024 standard prescription drug benefit includes four phases of coverage:

PHASE 1: Yearly Deductible Phase: You pay all drug costs.

You begin this payment phase when you fill your first prescription of the year. You pay the total cost of your drugs until you've met your plan's annual deductible, if applicable.

PHASE 2: Initial Coverage: You and your plan share drug costs.

Once you've met your annual deductible, you move into the INITIAL COVERAGE phase. During this phase, you share costs with the plan — through copays or coinsurance. You remain in this payment phase until the shared total (what you AND Blue Cross pay) reaches a combined total of \$5,030.

PHASE 3: Coverage Gap (or "Donut Hole"): You pay 25% of generic and brand-name drug costs.

Once you (and Blue Cross) together have reached a combined total drug cost spend of \$5,030, you enter the COVERAGE GAP. During this payment phase in 2024, you'll pay 25% of generic drug costs and 25% of brand-name drugs. You will continue to pay \$35 for insulin. You remain in the "Donut Hole" until your personal total out-of-pocket costs reach \$8,000.

PHASE 4: Catastrophic Coverage: You pay nothing.

Once your total out-of-pocket costs reach \$8,000, you move into the catastrophic coverage phase. If you reach this phase, there is no cost sharing and Blue Cross pays all drug costs.

What are your Medicare coverage options?

STEP 1: Enroll in Original Medicare

ORIGINAL MEDICARE – PROVIDED BY THE FEDERAL GOVERNMENT



PART A

Covers hospital stays, skilled nursing facilities and home health care



PART B

Covers doctor visits and many outpatient services, such as lab tests, X-rays and physical therapy

STEP 2: Consider how to get full coverage. There are two ways:

OPTION 1: Choose a Medicare Advantage plan.

MEDICARE ADVANTAGE PLAN – OFFERED BY PRIVATE INSURANCE COMPANIES



PART A



PART B

Combines Original Medicare Part A and Part B in one plan



PART C



PART D

Many plans offer additional benefits not covered by Original Medicare, plus MAPD plans include prescription drug coverage

OPTION 2: Add one or both of the following to Original Medicare.

MEDICARE SUPPLEMENT PLAN



MED SUP

Covers some or all out-of-pocket costs not covered by Parts A and B, like deductibles, copays and coinsurance

MEDICARE PART D PLAN



PART D

Covers prescription drugs

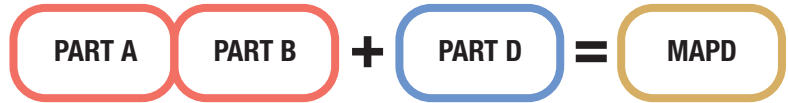
STEP 3: Talk to a Blue Cross and Blue Shield of Alabama advisor about a Medicare plan that's focused on YOU.

Choosing a Medicare coverage combination

Original Medicare



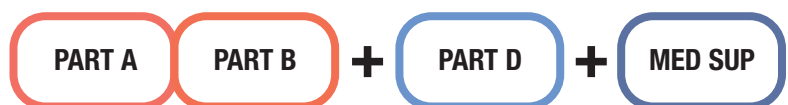
Medicare Advantage Plan with Prescription Drug Coverage (MAPD)



Original Medicare + Prescription Drug Plan



Original Medicare + Prescription Drug Plan + Medicare Supplement



What are your Medicare options with Blue Cross and Blue Shield of Alabama?



Blue Advantage® (PPO)

Our popular all-in-one Part C Medicare Advantage plan combines medical and prescription drug coverage. Low, fixed costs and extra benefits, like dental, vision, hearing coverage and more, make it easy to budget for healthcare expenses.



C PlusSM Medicare Select

C Plus is a Medicare Select Plan, a type of Medigap/Medicare supplemental plan that picks up where Original Medicare (Part A Hospital Insurance and Part B Medical Insurance) leaves off, so you'll have fewer out-of-pocket costs for Medicare-covered services.



BlueRxSM (PDP) Prescription Drug Plan

BlueRx is a prescription-only drug plan to pair with C Plus or Original Medicare. It's a Medicare-approved Part D, which is the part of Medicare that helps pay for the prescription drugs you use. To get Part D benefits, you can either join a Medicare Advantage plan that includes drug coverage (like Blue Advantage) OR enroll in a stand-alone plan like BlueRx.

Did you know?

All Medicare Advantage plans have an annual limit on your out-of-pocket expenses.

The 2024 maximum for Blue Advantage Premier is \$3,400 in-network and \$5,100 combined in/out-of-network. Original Medicare does not have an out-of-pocket limit.

The younger you are when you first enroll in C Plus, the more you'll save over the years.

Premiums are structured by age category, and the age category you start with is the one you keep as long as you're continuously covered by the same C Plus plan. However, if you cancel your C Plus policy and then re-enroll in C Plus at a later date, you will re-enroll at the age band that applies to you at the time of re-enrollment.

You may face penalties if you don't have adequate coverage.

If you delay your enrollment in Part D beyond your Initial Enrollment Period (and you don't have "creditable coverage" as good as the Medicare standard benefit design), you may pay a penalty for late enrollment if you decide you want this coverage later.

You can make a one-time change after enrolling in a Medicare Advantage plan.

Between January 1 and March 31 (Open Enrollment Period), Medicare Advantage plan members can:

- Switch to a different Medicare Advantage plan; or
- Go back to Original Medicare, and add a stand-alone prescription drug plan and/or a Medicare Supplement plan.

Medicare Supplement plans and Medicare Select plans, like C Plus, do not cover prescription drugs.

Get all-around protection by enrolling in both C Plus and our drug plan, BlueRx.

You may qualify for EXTRA HELP to pay for prescription drug costs.

People with limited income and resources may qualify for extra help from the government to help lower their prescription drug costs. If you qualify, your monthly premium will be lower (if applicable), your copays will be lower, and you will have no coverage gap.



Why choose Blue Cross and Blue Shield of Alabama?

OVER
90%

Keep your doctors with a network that includes **over 90% of doctors** and **100% of hospitals** in the state.

\$0
PREMIUM

Save more with our **\$0 monthly premium** for our Blue Advantage® Complete (PPO) plan. If you're looking for an affordable plan with plenty of extras, Blue Advantage is an all-in-one plan that includes drug coverage, plus vision, dental and other wellness benefits.

OVER
85
YEARS

Connect with a trusted healthcare partner with **over 85 years of experience**. With Blue Cross and Blue Shield of Alabama, you'll have the coverage you need from a company you can count on.



OPTION 1: MEDICARE ADVANTAGE PLAN



Blue Advantage benefits at-a-glance

- ✓ Choice of plans, including **\$0** premium option
- ✓ **\$0** Part D deductible
- ✓ Prescription drug copays as low as **\$0**
- ✓ **100% of Alabama hospitals and over 90% of doctors** are in-network
- ✓ **No referral required** for network doctors, specialists or hospitals
- ✓ **\$1,000/\$1,300** annual **preventive and comprehensive dental allowance** (Complete/Premier plans)
- ✓ Eyewear allowance
- ✓ **\$90 allowance** on FlexCard for gym membership every three months²
- ✓ **\$50** Over-the-Counter allowance every three months³
- ✓ Member wellness rewards program

Why Blue Advantage?

1. Prescription drug coverage is included.

And you have a lot of pharmacies to choose from. Blue Advantage includes prescription coverage for the medications people with Medicare take most often. Your copays are lowest when you use a preferred pharmacy, but you have access to standard pharmacies too. Visit [BCBSALMedicare.com/PreferredPharmacies] for a list of preferred retail pharmacies near you.

2. You're protected against runaway bills.

A Medicare Advantage plan puts an annual cap on what you pay out-of-pocket for medical expenses in a year, also known as a MOOP — Maximum Out-of-Pocket limit. Original Medicare alone doesn't offer this protection.

3. You're covered throughout Alabama. And you're covered when you travel, too!⁴

Blue Advantage is a PPO plan, not a restrictive HMO. You don't need referrals to see specialists and can use providers outside the network (but your costs may be higher out-of-network). With over 90% of doctors and 100% of Alabama hospitals in our PPO network, you can keep your doctors.

² The Alabama FlexCard Mastercard® Prepaid Card is issued by Stride Bank, N.A., Member FDIC, pursuant to license by Mastercard International.

³ Blue Advantage PREMIER only

⁴ In some cases, Blue Advantage PPO networks are only available in portions of participating states. As of September 2023, only two states are not participating, Alaska and Wyoming.

	Blue Advantage COMPLETE	Blue Advantage PREMIER
2024 MONTHLY PLAN PREMIUM	\$0	\$159
Primary Care Doctor <i>(copay per visit)</i>	\$5	\$5
Specialist <i>(copay per visit)</i>	\$35	\$20
Telehealth <i>(copay per visit)</i>	\$5–\$55	\$5–\$55
Lab Services	\$0	\$0
X-rays	\$15	\$5
Diagnostic Radiology <i>(MRI, CT scans)</i>	\$75	\$25
Outpatient Hospital Services	\$0–\$245	\$0–\$150
Physical, Occupational and Speech Therapy Sessions	\$30	\$20
Ambulance Services	\$315 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 <i>(for members with two or more of the following chronic conditions: COPD, diabetes, CHF, vascular disease, rheumatoid arthritis)⁵</i>	\$0 14 meals delivered	\$0 14 meals delivered

You must continue to pay your Medicare Part B premium. The benefits shown above and on 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.

⁵ 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.

⁶ Worldwide 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.

	Blue Advantage COMPLETE	Blue Advantage PREMIER
Skilled Nursing Facility <i>(prior hospital stay not required)</i>	\$0 per day for days 1–20 \$203 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 <i>(injectable and infused drugs like chemo, etc.)</i>	20% coinsurance	20% coinsurance
Emergency Room Visit	\$120 <i>(waived if admitted within 24 hours)</i>	\$120 <i>(waived if admitted within 24 hours)</i>
Worldwide Emergency/ Urgent Coverage⁶	\$50,000 annually; no deductible; cost sharing applies	\$50,000 annually; no deductible; cost sharing applies
Diabetic Supplies <i>(Blood glucose meters and test strips)⁷</i>	\$0	\$0
Comprehensive and Preventive Dental Allowance	\$1,000 per calendar year	\$1,300 per calendar year
Annual Routine Vision and Hearing Exam⁸	\$0 <i>Must use a TruHearing[®] network provider for routine hearing exam</i>	\$0 <i>Must use a TruHearing[®] network provider for routine hearing exam</i>
Eyewear Allowance	\$100 per calendar year	\$100 per calendar year
Hearing Aids	\$499/\$699/\$999 <i>(One high-tech TruHearing branded hearing aid per ear, per year)</i>	\$499/\$699/\$999 <i>(One high-tech TruHearing branded hearing aid per ear, per year)</i>
In-Home Support Services	N/A	Companions to assist with non-clinical activities, up to 90 hours annually
FlexCard for gym membership⁹	\$90 per quarter	\$90 per quarter
Over-the-Counter allowance¹⁰	N/A	\$50 per quarter
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

⁷ Only the Ascensia (Contour) and LifeScan (OneTouch) blood glucose meters and test strips are covered. Test strips are limited to 204 per 30 days.

⁸ TruHearing[®] is an independent company offering exclusive hearing aid savings for Blue Cross and Blue Shield of Alabama members. All content ©2023 TruHearing, Inc. All Rights Reserved. TruHearing[®] and (Re)[™] are trademarks of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. 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.

⁹ The Alabama FlexCard Mastercard[®] Prepaid Card is issued by Stride Bank, N.A., Member FDIC, pursuant to license by Mastercard International.

¹⁰ Blue Advantage PREMIER only. Allowance is available at the beginning of each quarter of the plan year on the FlexCard mailed at enrollment.

Medicare prescription drug coverage is included.

2024 Prescription Drug Benefits:	Blue Advantage COMPLETE	Blue Advantage PREMIER
<p>Part D Deductible</p>	<p>All Tiers: You pay \$0 deductible Insulins: You pay \$0 deductible</p>	<p>All Tiers: You pay \$0 deductible Insulins: You pay \$0 deductible</p>
<p>Part D Drug Copays/ Coinsurance <i>(These cost shares are for a 30-day supply. See page 15 for how you can save by getting a 90-day supply.)</i></p>	<p>You pay:</p> <p>At PREFERRED Cost-Sharing Pharmacies</p> <p>Tier 1_Preferred Generic..... \$4 Tier 2_Generic..... \$13 Tier 3_Preferred Brand \$40 Tier 4_Non-Preferred Drug 28% Tier 5_Specialty..... 33% Tier 6_Select Care \$0 Insulins \$35</p> <p>At STANDARD Cost-Sharing Pharmacies</p> <p>Tier 1_Preferred Generic..... \$11 Tier 2_Generic..... \$20 Tier 3_Preferred Brand \$47 Tier 4_Non-Preferred Drug 33% Tier 5_Specialty..... 33% Tier 6_Select Care \$0 Insulins \$35</p>	<p>You pay:</p> <p>At PREFERRED Cost-Sharing Pharmacies</p> <p>Tier 1_Preferred Generic..... \$3 Tier 2_Generic..... \$8 Tier 3_Preferred Brand \$40 Tier 4_Non-Preferred Drug 29% Tier 5_Specialty..... 33% Tier 6_Select Care \$0 Insulins \$35</p> <p>At STANDARD Cost-Sharing Pharmacies</p> <p>Tier 1_Preferred Generic..... \$10 Tier 2_Generic..... \$15 Tier 3_Preferred Brand \$47 Tier 4_Non-Preferred Drug 34% Tier 5_Specialty..... 33% Tier 6_Select Care \$0 Insulins \$35</p>
<p>Part D Coverage Gap <i>(also known as the “donut hole”)</i> starts when total drug cost (what you and the plan spend) reaches \$5,030 in 2024.</p>	<p>You continue to pay \$0 for Tier 6 (Select Care) and \$35 for insulin. All other covered drugs, you pay 25% of generic drug costs and 25% of brand-name drug costs.</p>	
<p>Part D Catastrophic Coverage starts when your annual out-of-pocket cost reaches \$8,000 in 2024.</p>	<p>If you reach this phase, there is no cost sharing. You pay nothing.</p>	

The Select Care Drug Tier includes drugs used to treat medication conditions, like hypertension, high cholesterol and diabetes.

Understanding your Blue Advantage drug coverage

With Blue Advantage prescription drug coverage, you get:

A large pharmacy network

There are over 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.

Visit [BCBSALMedicare.com/PreferredPharmacies](https://www.bcbsalmedicare.com/PreferredPharmacies) for a list of Preferred Retail Pharmacies near you. For a list of Standard and Preferred Pharmacies OR to learn more about the Home Delivery Pharmacy Service, just call 1-888-627-4715 (TTY 711). **The pharmacy network is subject to change.**

Rx Savings Solutions helps Blue Advantage members save on drug costs¹¹

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

To register, go to: myrxss.com/BlueAdvantage or call 1-800-268-4476 (TTY 1-800-877-8973)

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 AllianceRx Walgreens Pharmacy, Amazon Pharmacy, Express Scripts® or Kroger PPS. Save even more on Tier 1 drugs at these Preferred Home Delivery Mail Order pharmacies with a \$0 copay during the Initial Coverage Phase.

When you use our home delivery pharmacy service, **you can get a 90-day supply by mail but pay only the copay for a 60-day supply.** That's one month at no cost to you — along with free standard shipping!

SAVE 33%

on prescription drug costs. If you get a **3-month prescription**, you get one month at no cost to you when using a preferred retail or home delivery pharmacy!



¹¹ Rx Savings Solutions is an independent company providing Blue Advantage (PPO) members with help finding lower price options for prescription medications. Activating your Rx Savings Solutions account will allow access to your medication claims history. Rx Savings Solutions is a HIPAA-compliant service, and your personal health information will not be shared with anyone, including your employer. Savings amounts may vary at the time of dispensing. All suggestions provided are for informational purposes only.



OPTION 2: MEDICARE SELECT HEALTH INSURANCE PLAN

C PlusSM

A Medicare Select Plan (This is a type of supplemental insurance aka Medigap.)

C Plus benefits at-a-glance

- ✓ Few out-of-pocket costs
- ✓ **No referrals** needed to see specialists
- ✓ Full coverage for Medicare-eligible inpatient hospital stays
- ✓ **No paperwork or filing of claims** when you use network providers
- ✓ **\$90/quarter allowance** on FlexCard for gym membership

Why C Plus?

1. You'll have fewer out-of-pocket expenses.

Medicare Select plans can help reduce your costs by covering what Original Medicare doesn't. With a Medicare Select plan, Medicare pays its portion of your healthcare costs first, then your Medicare Supplement policy pays a portion, helping to lower your out-of-pocket costs.

2. You get access to all providers who accept Medicare.

You can worry less about provider networks. Medicare Select plans work with all providers who accept Medicare.

3. You're covered while traveling.

If you like to travel, you're in luck. If you're traveling outside of Alabama, you're free to use any doctor or hospital that accepts Medicare — anytime, anywhere. If Medicare pays, C Plus pays!

Plans: B, F and G

In 2023 ¹³	With Medicare alone YOU'LL PAY:	With PLAN-B YOU PAY:	With PLAN-G YOU PAY:	With PLAN-F ¹⁴ YOU PAY:
Part A Hospital Expenses				
Initial Part A hospital deductible	\$1,600	\$0	\$0	\$0
Daily copay for days 61–90 in a hospital	\$400 per day	\$0	\$0	\$0
Daily copay for days 91–150 in a hospital (Lifetime Reserve) ¹²	\$800 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	\$200 per day	\$200 per day	\$0	\$0
Part B Physician Services and Supplies				
Annual Part B deductible	\$226	\$226	\$226	\$0
20% of the Medicare-approved amounts (Medicare pays 80%) for: <ul style="list-style-type: none"> • Doctor and specialist visits • Lab and X-ray • Outpatient services and procedures • Durable medical equipment • Other Part B services 	20%	\$0	\$0	\$0
Other Benefits Not Covered by Medicare				
Foreign Travel Emergency Medically necessary emergency care services during the first 60 days of each trip outside 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

¹² 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.

Monthly plan premiums for C Plus are based on your age when you enroll.

Age Category When You Enroll:	2024 Monthly Premium*		
	C Plus Plan-B	C Plus Plan-G	C Plus Plan-F
Age 65	\$181	\$199	\$229
Age 66–69	\$201	\$220	\$253
Age 70 & Above	\$222	\$244	\$280
Under age 65 and eligible for Medicare because you are disabled	\$328	\$360	\$414

¹⁴C Plus Plan-F Qualification

Starting in 2020, the popular Plan-F is only available to those who were eligible for Medicare by December 31, 2019 (either by age, disability or previously qualified and still working beyond age 65).



¹³ Amounts shown are the 2023 deductibles and copays and may change on January 1, 2024. You must continue to pay your Medicare Part B premium. 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 2024, the monthly premium for Plan A is \$149, regardless of your age.

We invest in your wellness. Here's how.

We want to help you stay healthy for years to come. That's why Blue



FlexCard

Your fitness benefit will be a \$90 allowance every three months and will be loaded on the FlexCard mailed to you at enrollment. It can be used toward memberships at a health club. Any unused amount will not be carried forward to the next quarter. For complete benefit information and additional details, please call customer service at 1-800-962-1964 (TTY 711).



TruHearing® Services

Enjoy a \$0 copay for an annual routine hearing exam through TruHearing. You can also get state-of-the-art technology on TruHearing hearing aids at a substantial discount (one per ear, per year). **Pay just \$499, \$699 or \$999**, depending on the model you choose, saving you thousands of dollars on hearing aids.



Preventive Screenings and Services

Medicare-covered health screenings, immunizations and other preventive services are provided at no cost to you.



AirMed International¹⁵

If you are hospitalized more than 150 miles from home, AirMed International will provide an air ambulance to get you to a hospital near your home. There are no deductibles, no copays and no out-of-pocket costs for you.



Blue Advantage Rewards & Wellness Program

Get access to valuable online wellness resources, and earn rewards for getting your Annual Wellness Visit, preventive screenings and more.



In-Home Support Services¹⁶

Papa, Inc. offers in-home support services with everyday tasks. Papa associates, called Pals, can assist with many tasks, such as providing local transportation (doctor appointments, pharmacy trips, grocery shopping, etc.), light household cleaning, meal preparation, laundry, pet care, and technology support. They can also simply visit with a member who wants someone to talk to.



Advantage and C Plus members can enjoy these benefits:



24-Hour Nurse Hotline

Specially trained nurses are “on call” to answer your questions 24 hours a day, 365 days a year.



Access to a large provider network in Alabama

With over 90% of doctors and specialists throughout Alabama — and 100% of Alabama hospitals — in our provider network, you can find care that’s convenient and close to home.



An extensive pharmacy network

Whether you have Blue Advantage OR add BlueRx to complete your C Plus coverage, you’ll have access to hundreds of network pharmacies that make it convenient for you to save money on your medications.



Medication Therapy Management¹⁷

If you meet the program’s criteria, your Blue Cross and Blue Shield of Alabama plan will provide access to expert advice to help you safely manage your medications.



Disease Management Program

Our nurses are available to help you manage a variety of chronic conditions — through early intervention, appropriate treatments and lifestyle changes — at no cost to you.



myBlueCross

With *myBlueCross*, you have 24-hour online access to personalized health information. Plus, easy-to-use online tools that can help you save time and efficiently manage your health.

¹⁵ 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.

¹⁶ For Blue Advantage Premier plan members only; 7 a.m. – 10. p.m. CST. Visit the Ask Us Anything section at papa.com/members for visit regulations. Papa Pals and members must abide by our Community Standards at papa.com/community-standards.

¹⁷ For Blue Advantage or C Plus members with added BlueRx coverage.



OPTION 2: MEDICARE PART D PRESCRIPTION DRUG PLAN



BlueRx is a prescription-only drug plan to pair with C Plus or Original Medicare. It's a Medicare-approved Part D plan, which is the part of Medicare that helps pay for the prescription drugs you use. We have three options to fit your needs.

BlueRx Essential

- ✓ Lowest monthly premium
- ✓ \$545 deductible
- ✓ \$0 copay on Preferred Generics

BlueRx Enhanced

- ✓ \$545 deductible
- ✓ Copays as low as \$2
- ✓ More brand-name drugs and more pharmacies

BlueRx Enhanced Plus

- ✓ \$0 deductible
- ✓ Copays as low as \$2
- ✓ More brand-name drugs and more pharmacies

Why BlueRx?

1. You have options.

Your pharmacy network depends on which plan you choose. Visit [BCBSALMedicare.com/PreferredPharmacies](https://www.bcbsalmedicare.com/PreferredPharmacies) to view pharmacy networks by plan and find Preferred Retail Pharmacies available near you. For a list of Standard and Preferred Pharmacies OR to learn more about the Home Delivery Pharmacy Service, just call 1-888-627-4715 (TTY 711). The pharmacy network is subject to change.

2. Rx Savings Solutions helps BlueRx members save on their drug costs.

This service helps you easily find the lowest-price options for prescription drugs. It's linked to your health plan, so everything is personalized for your medications and insurance. To register, go to: myrxss.com/BlueRx or call 1-800-268-4476 (TTY 1-800-877-8973).

3. Home delivery pharmacy service

Get your routine medication without leaving your home! When you use our Home Delivery Pharmacy Service you can get a 90-day supply by mail but pay only the copay for a 60-day supply. That's one month at no cost to you — along with free standard shipping.

Use this cost-sharing comparison to help choose the BlueRx plan that's right for you:

2024 PLAN PREMIUM	BlueRx ESSENTIAL	BlueRx ENHANCED	BlueRx ENHANCED PLUS
What you pay each month as a member	\$72.00	\$119.50	\$153.70
1. What you pay — up to a TOTAL Rx annual spend of \$5,030 (the Initial Coverage Limit in 2024)			
<p>DEDUCTIBLE Your Rx spending before plan benefits begin</p> <p>COPAY What you pay for prescriptions after reaching the deductible</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Drug Tier Classifications</p> <p>Tier 1 – Preferred Generic</p> <p>Tier 2 – Generic</p> <p>Tier 3 – Preferred Brand</p> <p>Tier 4 – Non-Preferred Drug</p> <p>Tier 5 – Specialty</p> </div> <p><i>(The cost shares listed are for a 30-day supply.)</i></p>	<p>\$545</p> <p>Standard Cost-Sharing Pharmacy</p> <p>After deductible, you pay:</p> <p>Tier 1.....\$0</p> <p>Tier 2.....\$14</p> <p>Tier 3.....\$47</p> <p>Tier 4.....46%</p> <p>Tier 5.....25%</p> <p>Insulins....\$35</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>With BlueRx Essential there is not a Preferred Pharmacy network option. To get the low copays above, simply fill your prescriptions at one of our many Standard network pharmacies.</p> </div>	<p>\$545</p> <p>Preferred Cost-Sharing Pharmacy</p> <p>After deductible, you pay:</p> <p>Tier 1.....\$2</p> <p>Tier 2.....\$8</p> <p>Tier 3.....\$40</p> <p>Tier 4.....29%</p> <p>Tier 5.....25%</p> <p>Insulins....\$35</p>	<p>\$0</p> <p>Preferred Cost-Sharing Pharmacy</p> <p>You pay:</p> <p>Tier 1.....\$2</p> <p>Tier 2.....\$10</p> <p>Tier 3.....\$40</p> <p>Tier 4.....29%</p> <p>Tier 5.....33%</p> <p>Insulins....\$35</p>
2. What you pay — when your TOTAL Rx annual spend exceeds \$5,030 and YOUR spend is below \$8,000			
COVERAGE GAP	<p>With all three BlueRx plan options, you pay:</p> <p>25% of generic drug costs and 25% of brand-name costs.</p>		
3. What happens when YOUR out-of-pocket Rx dollar spend reaches \$8,000			
CATASTROPHIC COVERAGE	<p>With all three BlueRx plan options, the plan pays the cost for both generic and brand-name drugs. You pay nothing.</p>		



Get answers to your questions.

Our network includes 100% of Alabama hospitals, more than 90% of doctors and over 1,000 pharmacies throughout Alabama — so it's easy to find in-network care that's close to home.

Find a doctor.



Scan this code with the camera on your phone to look up your doctor in our network. Or go to BCBSALMedicare.com/Directory.

Find out about your prescriptions.



Scan this code to look up your prescriptions. Or go to BCBSALMedicare.com/CheckMyDrugs to use our drug look up tool.

PLAN COMPARISON WORKSHEET

Use this worksheet as you read through this guide to compare plan coverage and costs. And if you need help, we're here.

- In the **Compare Coverage section**, check off which benefits each plan provides.
- In the **Compare Costs section**, fill in the cost for each item.



Plan Details	Current plan	Plan Option 1	Plan Option 2	Plan Option 3
Name of plan				
Type of plan				
Compare coverage				
Current physician				
Current prescriptions				
Nurse phone line				
Dental benefits				
Hearing services				
Vision services				
Chiropractic care				
Fitness				
Podiatry care				
Fitness benefit				
Compare costs				
Original Medicare				
Monthly plan premium				
Emergency				
Monthly copays/coinsurance				
Annual medical deductible				
Annual out-of-pocket maximum				
Annual prescription drug deductible				
Monthly prescription drugs				

Additional resources to help you understand your Medicare options and see if you qualify for Extra Help with your prescription drugs¹⁸

Medicare

1-800-MEDICARE (1-800-633-4227), TTY users: 1-877-486-2048, 24 hours a day, 7 days a week

[medicare.gov](https://www.medicare.gov)

Social Security Administration

1-800-772-1213, TTY users: 1-800-325-0778, 7 a.m. – 7 p.m., Monday – Friday

[ssa.gov](https://www.ssa.gov)

Alabama Medicaid Agency

1-800-362-1504, TTY users: 1-800-253-0799

[medicaid.alabama.gov](https://www.medicaid.alabama.gov)

Railroad Retirement Board

1-877-772-577, TTY users: 1-312-751-4701, 9 a.m. – 3:30 p.m.

[rrb.gov](https://www.rrb.gov)

(There is also a Field Office in Birmingham.)

SHIP (Alabama State Health Insurance Assistance Program)

1-800-AGE-LINE (1-800-243-5463), TTY users: 1-800-548-2547

[alabamaageline.gov](https://www.alabamaageline.gov)

Alabama Department of Senior Services

1-800-AGE-LINE (1-800-243-5463), TTY users: 1-800-548-2547

[alabamaageline.gov](https://www.alabamaageline.gov)

¹⁸ You may qualify for Extra Help to pay for your Prescription Drug Plan. People with limited income and resources may qualify for extra help to lower their prescription drug costs. If you qualify, your monthly plan premium will be lower, your copays will be lower, and you will have no coverage gap. Many people are eligible for these savings and don't realize it. To see if you qualify for extra help, you can call Social Security, the Alabama Medicaid Agency.

Notices

Express Scripts, AllianceRx Walgreens Pharmacy, Kroger PPS and Amazon Pharmacy are independent companies providing prescription drug home delivery services. NOTE: Although unexpected, pharmacy network participation can change. Please visit BCBSALMedicare.com for the most up-to-date pharmacy information. Prime Therapeutics LLC is an independent pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Alabama (BCBSAL) to provide pharmacy benefit management services. Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Alabama. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Blue Advantage is a PPO with a Medicare contract and BlueRx is a PDP plan with a Medicare contract. Enrollment in Blue Advantage (PPO) and BlueRx (PDP) depends on contract renewal.

To enroll in Blue Advantage (PPO), you must have Medicare Part A and Part B, and live in the service area. To enroll in BlueRx (PDP), you must be entitled to Medicare Part A and/or enrolled in Part B, and live in the service area. You must continue to pay your Medicare Part B premium. If you request premiums withheld, elect to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for the change to take effect and you will be held responsible for those premiums.

As a member of our plan, you can choose to receive care from out-of-network providers, as long as the services are covered benefits and are medically necessary. Higher costs for out-of-network benefits may apply. Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Alabama members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

If you are enrolled in Blue Advantage (PPO) or BlueRx (PDP), you must use network pharmacies to access your prescription drug benefits, except under non-routine circumstances when you cannot reasonably use a network pharmacy. Our pharmacy network includes retail, mail-order, home infusion, long-term care (LTC) and Indian/Tribal/Urban (ITU) pharmacies. Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits, step therapy and specialty limitations.

This information is not a complete description of benefits. Call 1-888-627-4715 (TTY 711) for more information. Limitations, copayments and restrictions may apply. To the extent of any discrepancy between this document and your Evidence of Coverage/Contract Booklet, your Evidence of Coverage/Contract Booklet takes priority. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

This is a solicitation of insurance. Contact may be made by an issuer or insurance producer or another acting on behalf of the issuer or 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. 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.

GLOSSARY

Annual Election Period (AEP):

The yearly time period when you can enroll in or make changes to your current Medicare plan — typically October 15th – December 7th. If you are new to Medicare, you can enroll three months before or three months after your 65th birthday (see Initial Enrollment Period below).

Coinsurance:

The amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20% of Medicare-covered services).

Copayment (copay):

The amount you are required to pay as a share of your cost for a medical service or prescription. For example, you may have a \$20 copayment each time you visit the doctor or pay \$15 for a prescription.

Deductible:

The amount you must spend on drugs or services before your plan pays insurance benefits.

Formulary:

A list of drugs covered by your Part D prescription drug plan or by an MAPD plan that includes prescription drug benefits.

In-network providers:

Doctors, hospitals, pharmacies and other providers that are part of your plan's network. Usually, lower copays will apply if you see these providers. Some plans let you see out-of-network providers, but you usually have to pay a higher copay.

Initial Enrollment Period:

The seven-month period that begins three months before the month of your 65th birthday to three months after. You can enroll in a Medicare plan during this period.

Maximum Out-Of-Pocket (MOOP):

The total amount you are responsible to pay for coinsurance and copays for covered medical services in a calendar year before the plan picks up the full cost of covered expenses.

Medicare Advantage (Part C) Plan:

A privately managed health insurance plan, also known as Part C or Medicare health plans. Some Medicare Advantage plans may include prescription drug coverage. You must have Medicare Parts A and B to enroll in Medicare Advantage.

Medigap or Med Supp (Medicare Supplement) Plans:

Supplemental insurance plans that help cover some of the costs that Original Medicare doesn't pay, like copayments and deductibles.

Network pharmacy:

A pharmacy that is under contract with a plan to provide covered drugs at negotiated prices to anyone enrolled in the plan.

Original Medicare:

Original Medicare consists of Part A (Hospital) and Part B (Doctor) coverage. It's also known as "fee-for-service Medicare."

Out-of-network:

A licensed pharmacy or provider that is not under contract with your Medicare health or drug plan(s) and will not give you negotiated prices.

Out-of-pocket costs:

Hospital, doctor or prescription drug costs that you must pay on your own because they aren't covered by Medicare or other insurance.

Part A (Hospital Insurance):

The part of Original Medicare that covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home healthcare.

Part B (Medical Insurance):

The part of Original Medicare that covers outpatient services, preventive services and some medical supplies.

Part C:

Also known as "Medicare Advantage." Medicare Advantage plans work with Original Medicare and may include prescription drug coverage.

Part D:

Prescription Drug Plans offered by insurance companies that are approved by Medicare to offer this optional coverage.

Penalty:

Amount added to your monthly premium for Medicare Part B or Medicare Part D Prescription Drug Plan coverage if you don't enroll when you're first eligible.

Premium:

The amount you may pay monthly for your health and/or prescription drug coverage.

Special Enrollment Period (SEP):

Opportunity to enroll in a health insurance plan outside of Annual, Initial or General enrollment periods for people with certain circumstances, e.g., moving or losing employer-sponsored insurance.



Blue Advantage (PPO) and BlueRx (PDP) are provided by Blue Cross and Blue Shield of Alabama,
an independent licensee of the Blue Cross and Blue Shield Association.