

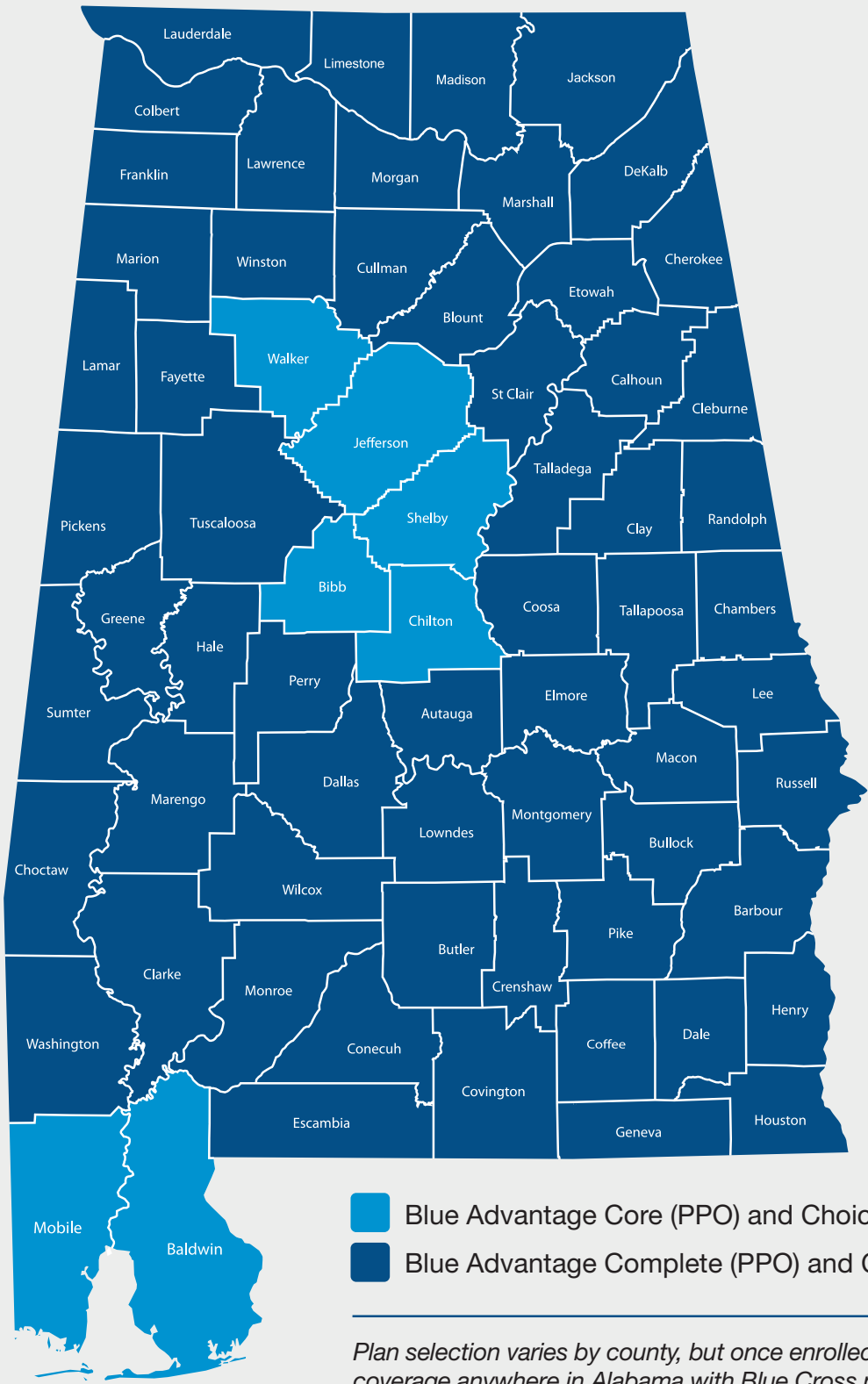
Plan Benefits	Blue Advantage® (PPO) CHOICE \$0 monthly premium	Blue Advantage® (PPO) COMPLETE \$39.50 monthly premium	Blue Advantage® (PPO) CORE \$19.50 monthly premium
Primary Care Doctor Copay	\$10	\$6	\$6
Specialist Copay ¹	\$15 – \$40	\$10 – \$35	\$10 – \$35
Lab Services	\$0	\$0	\$0
X-rays	\$20	\$20	\$20
Diagnostic Radiology (MRI, CT Scans)	\$340	\$120	\$130
Outpatient Hospital	\$0 – \$440	\$0 – \$380	\$0 – \$380
Occupational, Physical and Speech Therapy Sessions	\$40	\$35	\$35
Ambulance Services	\$355 per one-way trip	\$420 per one-way trip	\$345 per one-way trip
Inpatient Hospital Stay <i>Per admission</i>	\$410 per day for days 1 - 7 \$0 per days 8 - 90 \$0 for each additional hospital day	\$385 per day for days 1 - 7 \$0 per days 8 - 90 \$0 for each additional hospital day	\$385 per day for days 1 - 7 \$0 per days 8 - 90 \$0 for each additional hospital day
Inpatient Mental Hospital Stay <i>Per admission</i>	\$335 per day for days 1 - 7 \$0 per days 8 - 90 \$0 for each additional hospital day up to the 190-day lifetime limit	\$315 per day for days 1 - 7 \$0 per days 8 - 90 \$0 for each additional hospital day up to the 190-day lifetime limit	\$315 per day for days 1 - 7 \$0 per days 8 - 90 \$0 for each additional hospital day up to the 190-day lifetime limit
Skilled Nursing Facility	\$10 per day for days 1 - 20 \$221 per day for days 21 - 100	\$10 per day for days 1 - 20 \$221 per day for days 21 - 100	\$10 per day for days 1 - 20 \$221 per day for days 21 - 100
Emergency Room Copay	\$130 (waived if admitted within 24 hours)	\$130 (waived if admitted within 24 hours)	\$130 (waived if admitted within 24 hours)
Worldwide Emergency/Urgent Coverage ²	\$50,000 annually; medical deductible and cost sharing applies	\$50,000 annually; medical deductible and cost sharing applies	\$50,000 annually; medical deductible and cost sharing applies
Diabetic Supplies ³	\$0	\$0	\$0
Dental	\$375 preventive allowance	\$650 allowance for preventive and comprehensive (50% coinsurance on covered comprehensive services)	\$650 allowance for preventive and comprehensive (50% coinsurance on covered comprehensive services)
Eyewear	\$100 allowance	\$100 allowance	\$100 allowance
Annual Routine Vision Exam	\$0	\$0	\$0
Annual Routine Hearing Exam	\$0 Must use a TruHearing provider for in-network routine hearing exam; 80% coinsurance applies to all other out-of-network Medicare providers.	\$0 Must use a TruHearing provider for in-network routine hearing exam; 80% coinsurance applies to all other out-of-network Medicare providers.	\$0 Must use a TruHearing provider for in-network routine hearing exam; 80% coinsurance applies to all other out-of-network Medicare providers.
Hearing Aids ⁴	\$499/\$699/\$999 per aid (Standard/Advanced/Premium) Must use a TruHearing provider for in-network coverage; 80% coinsurance applies to all other out-of-network Medicare providers.	\$499/\$699/\$999 per aid (Standard/Advanced/Premium) Must use a TruHearing provider for in-network coverage; 80% coinsurance applies to all other out-of-network Medicare providers.	\$499/\$699/\$999 per aid (Standard/Advanced/Premium) Must use a TruHearing provider for in-network coverage; 80% coinsurance applies to all other out-of-network Medicare providers.
Medical Deductible	\$450 <i>Does not apply to all services⁵</i>	\$295 <i>Does not apply to all services⁶</i>	\$295 <i>Does not apply to all services⁶</i>
Maximum Out-Of-Pocket Amount (MOOP)	\$7,150 in-network \$10,000 combined in/out-of-network	\$6,000 in-network \$10,000 combined in/out-of-network	\$6,000 in-network \$10,000 combined in/out-of-network
Prescription Drug Benefits	Blue Advantage® (PPO) CHOICE	Blue Advantage® (PPO) COMPLETE	Blue Advantage® (PPO) CORE
Deductible	\$700 (Excludes Tiers 1 and 2)	\$620 (Excludes Tiers 1 and 2)	\$625 (Excludes Tiers 1 and 2)
Part D Drug Copays (\$) / Coinsurance (%) 30-day supply at in-network pharmacies	Tier 1 (Preferred Generic).....\$0 Tier 2 (Generic).....\$0 Tier 3 (Preferred Brand).....23% Tier 4 (Non-Preferred Drug)28% Tier 5 (Specialty)25%	Tier 1 (Preferred Generic).....\$0 Tier 2 (Generic).....\$5 Tier 3 (Preferred Brand).....17% Tier 4 (Non-Preferred Drug)39% Tier 5 (Specialty)26%	Tier 1 (Preferred Generic).....\$0 Tier 2 (Generic).....\$5 Tier 3 (Preferred Brand).....17% Tier 4 (Non-Preferred Drug)36% Tier 5 (Specialty)26%
Formulary Insulins 30-day supply at in-network pharmacies	No more than \$35	No more than \$35	No more than \$35
After your yearly out-of-pocket costs for Part D prescription drugs reach \$2,400, you pay \$0 for the rest of the year.			



To view more plan benefits, scan the QR code or visit BCBSALMedicare.com/Benefits.

Which Blue Advantage plans are available in your area?

Find your county and plan options below.



Your local Consumer Market Advisors are ready to help you with all your Medicare questions!

Scan this code or go to **BCBSALMedicare.com/CMA** for more information.



DeeDee Dial
Birmingham



Andrea Winston
Birmingham



Kennedy Burden
Huntsville



Bailee Sessions
Huntsville



Nichole Edwards
Mobile



Lisa Scott
Mobile



Patty McDonald
Montgomery



Jill Wade
Montgomery

¹ The lower copay applies to specialist visits received during a skilled nursing facility stay. The higher copay applies to all other specialist visits.

² 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. The medical deductible and copays will apply for each covered worldwide emergency/urgent service received.

³ Cost shown applies when obtained through a pharmacy and is subject to the medical deductible. Only the Ascensia (Contour) and Abbott (Freestyle) blood glucose meters and test strips are covered. Test strips are limited to 204 per 30 days. Only Dexcom and Abbott continuous glucose monitors are covered. All receivers and transmitters are subject to quantity limits. One receiver per calendar year, 1 transmitter every 90 days, and sensors per product labeling.

⁴ All content ©2026 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 TruHearing pricing. 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.

⁵ The Blue Advantage Choice Medical Deductible does not apply to the following in-network and out-of-network services: Primary Care Physician, Physician Specialist, Inpatient Hospital, Inpatient Psychiatric Hospital, Outpatient Mental Health Specialty and Psychiatric Services, Chronic Pain Management Services, Preventive Dental Allowance, Medicare-covered Preventive Services, Nursing Hotline, Hearing Aids, Annual Routine Hearing Exam, Home Infusion Therapy, Medicare Part B Drugs, Telehealth Services (Primary Care Physician, Physician Specialist, Outpatient Mental Health and Psychiatric Services), Urgently Needed Services (Primary Care Physician, Physician Specialist, Outpatient Mental Health and Psychiatric Services), Annual Routine Vision Exam and Eyewear Allowance. For additional information concerning the medical deductible, please refer to the Blue Advantage Choice Evidence of Coverage.

⁶ The Blue Advantage Complete/Core Medical Deductible does not apply to the following in-network and out-of-network services: Primary Care Physician, Physician Specialist, Inpatient Hospital, Inpatient Psychiatric Hospital, Outpatient Mental Health Specialty and Psychiatric Services, Chronic Pain Management Services, Preventive and Comprehensive Dental Allowance, Medicare-covered Preventive Services, Nursing Hotline, Hearing Aids, Annual Routine Hearing Exam, Home Infusion Therapy, Medicare Part B Drugs, Telehealth Services (Primary Care Physician, Physician Specialist, Outpatient Mental Health and Psychiatric Services), Urgently Needed Services (Primary Care Physician, Physician Specialist, Outpatient Mental Health and Psychiatric Services), Annual Routine Vision Exam and Eyewear Allowance. For additional information concerning the medical deductible, please refer to the Blue Advantage Complete/Core Evidence of Coverage.

Blue Advantage is a PPO with a Medicare contract. Enrollment in Blue Advantage (PPO) depends on contract renewal. Blue Advantage (PPO) is provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.