

LET BLUE WORK FOR YOU



**The Medicare Map:
Your Guide to
Understanding Medicare**



**BlueCross BlueShield
of Alabama**

We cover what matters.

Dear Alabama Neighbor,

Welcome to your Medicare Map.

Navigating Medicare doesn't have to be confusing. That's exactly why we created this guide. Whether you're just getting started or exploring your options, this resource is here to help you make sense of it all.

Inside you'll find simple explanations of how Medicare works, when and how to enroll and what additional coverage choices are available — including options from Blue Cross and Blue Shield of Alabama.

Think of this as your personal roadmap to understanding Medicare and making confident decisions about your coverage.

We're here to support you every step of the way.

Sincerely,

Your Blue Cross and Blue Shield of Alabama Team



We cover what matters.

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Questions? We're here to help!

CALL US

at **1-855-575-5566 (TTY 711)**. Our local advisors are here for you Monday – Friday, 8 a.m. – 8 p.m. CST.¹

MEET IN PERSON

To RSVP for one of our meetings, call us or register online at **BCBSALMedicare.com/Meet**.⁸

VISIT US ONLINE

Go to **BCBSALMedicare.com** to learn more.

Eligibility and Enrollment Periods

Are you 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 disability and have received disability benefits for at least 24 months.
- ✓ 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) and additional coverage.



ANNUAL ENROLLMENT PERIOD (AEP)

October 15 through December 7

AEP is an annual opportunity to review and, if desired, 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 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 (SEP)

After certain events — such as moving outside of your plan's service area, losing your employer or union coverage, retiring later than expected or coming off group insurance — you may be eligible for a Special Enrollment Period.

Medicare Explained: One Part at a Time

Medicare is a federal program administered by the Centers for Medicare and Medicaid Services (CMS) that provides health insurance for those who are eligible. Medicare has four parts, and each part 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 Insurance



What is Part A?

Medicare Part A provides hospital coverage under Original Medicare.

What's covered?

Part A covers medically necessary care requiring an overnight hospital stay. It also covers follow-up nursing care after a hospital stay, skilled nursing facility care and hospice care.

What's not covered?

Part A doesn't cover outpatient procedures or lab tests.

How do I get it?

If you're already getting Social Security benefits when you turn 65, you'll be signed up automatically. If you're not getting benefits yet, you'll need to sign up through the Social Security Administration — online, by phone or in person. See the inside back cover for contact information.

Is there a cost?

Most people don't pay a monthly premium for Part A. If you haven't worked and paid Medicare taxes for at least 10 years, you may have to pay a monthly cost.

PART B: Medical Insurance



What is Part B?

Medicare Part B provides medical coverage and complements Part A under Original Medicare. You cannot be denied Part B coverage, but to receive it, you must enroll and pay premiums. If you don't enroll when first eligible, you may be charged an enrollment penalty.

What's covered?

Part B covers medically necessary services that don't require an overnight hospital stay, such as doctor visits, outpatient care, lab tests and preventive care. Part B also covers most injectable or infusion therapy drugs, like chemotherapy.

What's not covered?

Part B has a yearly deductible that you must pay before Medicare benefits start.

How do I get it?

If you're already getting Social Security benefits when you turn 65, you'll be signed up automatically. If you're not getting benefits yet, you'll need to sign up through the Social Security Administration — online, by phone or in person. See the inside back cover for contact information.

Is there a cost?

Most people pay a monthly premium for Part B. If your income is higher, you may pay more — this is called IRMAA (Income-Related Monthly Adjustment Amount).



Did you know?

Original Medicare (Part A and Part B) won't cover all of your health insurance expenses.

It only covers 80% of your healthcare bills, and you are responsible to pay out of pocket for the remaining expense. With Original Medicare alone, you are also responsible for 100% of your prescription drug costs. Gaps in your Medicare coverage, along with deductibles, copays and coinsurance not covered by Original Medicare, can easily add up to thousands of dollars in expenses.

Medicare Explained: One Part at a Time

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 (MA)



What is Part C?

Medicare Part C combines the benefits of Part A (Hospital) and Part B (Medical) coverage into one plan and often includes additional benefits not offered by Original Medicare alone.

What's covered?

Part C plans include hospital care, doctor visits, outpatient services and preventive care. Many plans also bundle in prescription drug coverage and may offer additional benefits like dental, vision, hearing and wellness programs — though these vary by plan.

What's not covered?

Common exclusions include non-medical services like private hospital rooms, missed appointment fees, long-term custodial care and copies of X-rays. Some services may also require prior approval or be limited to in-network providers.



If you want freedom of choice and many extras included, consider Blue Cross and Blue Shield of Alabama's exclusive version of a Medicare Advantage plan — Blue Advantage® (PPO).

It's a Medicare Part C plan that provides both medical and prescription drug benefits, and an excellent option if you want one easy-to-use plan with comprehensive coverage. With Blue Advantage (PPO), you get access to 90% of doctors and 100% of hospitals² with coverage for:

- Preventive services
- Hospital stays
- Physician and emergency care
- Diabetic supplies
- Part D prescription drugs
- Immunizations

Did you know?

There are different types of Medicare Advantage plans, the most common being **HMOs (Health Maintenance Organizations)** and **PPOs (Preferred Provider Organizations)**. HMO plans typically require you to use a network of doctors and get referrals for specialists, while PPOs offer more flexibility to see providers without a referral and outside of the network.

PART D: Prescription Drug Plan (PDP)



What is Part D?

Medicare Part D helps cover the cost of your prescription medications. You can either enroll in a separate plan specifically for your medicines, called a Prescription Drug Plan (PDP), or you can get your Part D coverage through a Medicare Advantage plan.

What's covered?

Each Part D plan has a list (or formulary) of the generic, brand-name and specialty prescription drugs that are covered with different tiers for different cost-sharing amounts.

What's not covered?

Part D Prescription Drug Plans only cover prescription drugs. They don't cover over-the-counter medications like cold medicines and aspirin or medications covered under Medicare Part B.



If you want simple and easy stand-alone prescription drug coverage, consider BlueRxSM (PDP).

It's a Medicare-approved Part D plan from Blue Cross and Blue Shield of Alabama that helps cover the cost of your medications. With BlueRx, you get:

- Affordable copays and coinsurance on generic and brand-name drugs
- Access to a large network of pharmacies
- Home delivery pharmacy service for added convenience
- A cap on annual out-of-pocket drug costs

Did you know?

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

If you delay your enrollment in a Part D plan 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. That's another reason BlueRx and Blue Advantage are so useful; they can help you avoid Part D penalties down the road even if you don't have prescriptions that you fill now.

Medicare Part D: One Phase at a Time

Part D helps cover the cost of prescription drugs, but your costs change throughout the year, depending on how much you and your plan have spent. That's why coverage is divided into phases — each with different rules for what you pay.

PHASE 1:

Yearly Deductible – 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. Once you've met your annual deductible, you move into the Initial Coverage phase.

PHASE 2:

Initial Coverage – You and your plan share drug costs.

During this phase, you pay copayments and/or coinsurance until your out-of-pocket costs reach **\$2,100** in 2026. If you meet this, you will move into the Catastrophic Coverage phase.

PHASE 3:

Catastrophic Coverage – You pay nothing.

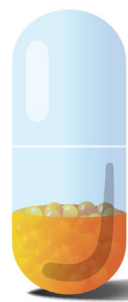
If you reach this phase, you **no longer pay any copays or coinsurance for your Part D drugs** for the rest of the calendar year.



Phase 1

Yearly Deductible

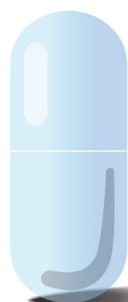
You pay your drug costs, including 100% of your drug deductible, if applicable.



Phase 2

Initial Coverage

You and your plan share drug costs.



Phase 3

Catastrophic Coverage

You pay nothing.

Medicare Supplement Plans



What is a Medicare Supplement plan?

Medicare Supplement plans, also known as Medigap, are private insurance policies that help pay for some of the costs that Original Medicare doesn't cover, such as deductibles, copayments and coinsurance. Medicare Supplement plans don't replace your Medicare coverage—they complement it by working alongside Parts A and B to reduce your out-of-pocket expenses.

What do Medicare Supplement plans include?

Medicare Supplement plans help cover your share of costs for services covered by Medicare, like hospital stays, doctor visits and outpatient care. Some plans may also offer limited coverage for emergency care when traveling outside the U.S. Each plan offers a different level of coverage, so you can choose one that fits your needs and budget.

What don't Medicare Supplement plans include?

Medicare Supplement plans do not include prescription drug coverage, so you'll need a separate Part D plan for medications. They also don't cover routine dental, vision or hearing care, and they don't pay for eyeglasses, hearing aids or long-term care services.



If you want to lower your out-of-pocket costs while keeping Original Medicare, consider C PlusSM from Blue Cross and Blue Shield of Alabama.

It's a Medicare Select plan that helps cover the costs Medicare doesn't — like deductibles, copays and coinsurance — so you pay less when you get care. With C Plus, you get:

- Help covering hospital and medical costs not paid by Medicare
- No underwriting — you can enroll without answering health questions
- Guaranteed coverage with no penalties
- Lower premiums when you enroll at a younger age and stay continuously covered on the same plan
- Freedom to pair with a BlueRx Part D plan for complete medical and drug coverage

Did you know?

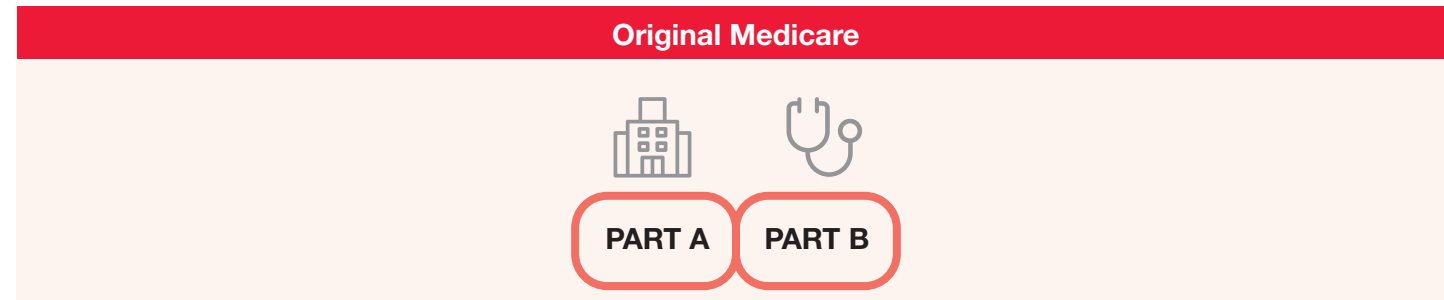
The younger you are when you first enroll in C Plus, the more you'll save over the years.

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.

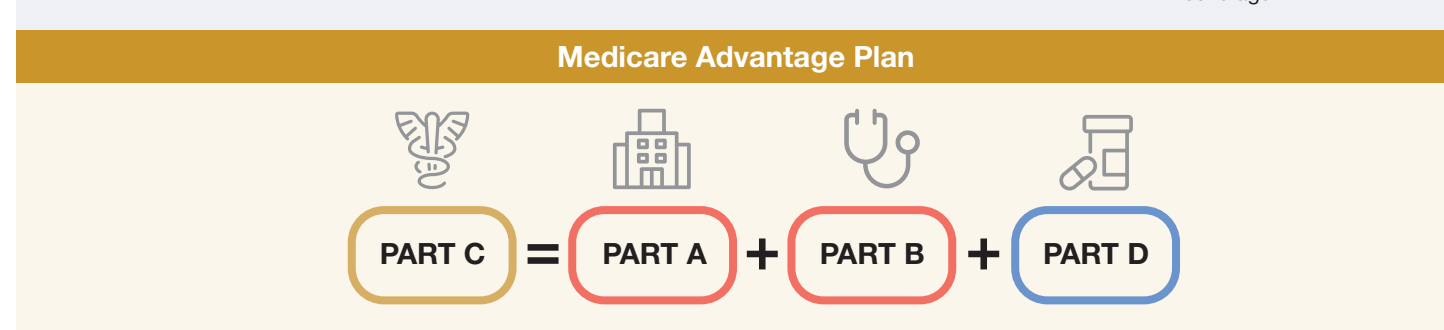
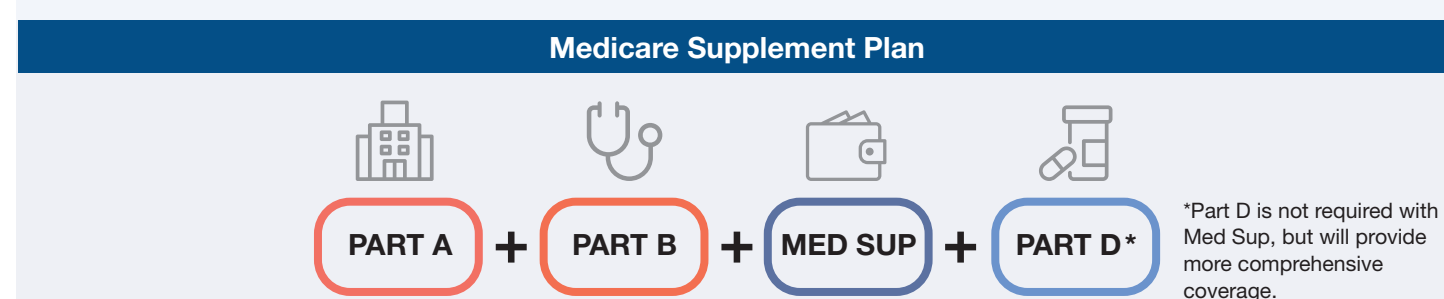
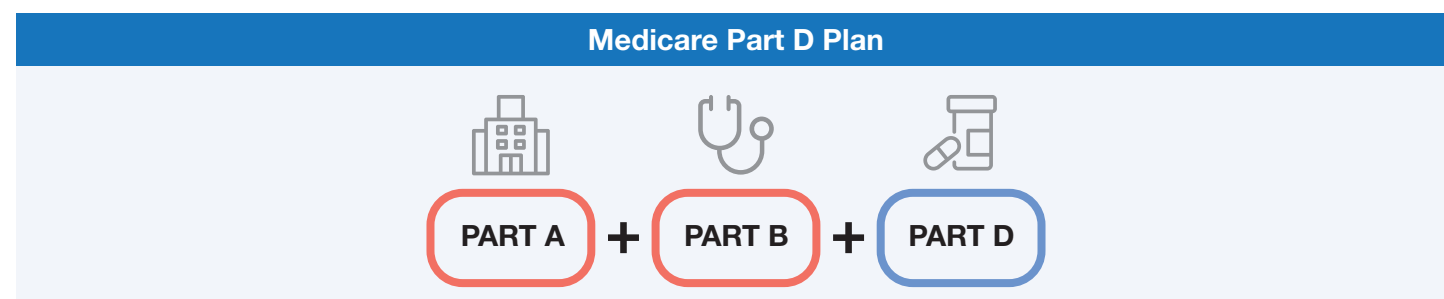
Choosing a Medicare Coverage Combination

There are many different ways to get full Medicare coverage, and it is important to choose what is best for you. Review the coverage combinations offered through Blue Cross and Blue Shield of Alabama below:


STEP 1: Enroll in Original Medicare.




STEP 2: Choose one of the below plan options.



STEP 3: Call us or visit online to enroll in the plan you've chosen.


1-855-575-5566 (TTY 711)
 Monday – Friday, 8 a.m. – 8 p.m. CST¹


BCBSALMedicare.com

What Are Your Medicare Options with Blue Cross and Blue Shield of Alabama?



Blue Advantage® (PPO)
 Blue Advantage (PPO) is a popular all-in-one Part C Medicare Advantage plan that combines medical and prescription drug coverage. This plan includes low, fixed costs and extra benefits, like dental, vision, hearing coverage and more.

C PlusSM Medicare Select
 C Plus is a Medicare Select Plan, a type of Medigap/Medicare supplemental plan, that picks up where Original Medicare leaves off, so you'll have fewer out-of-pocket costs for Medicare-covered services.


BlueRxSM (PDP) Prescription Drug Plan
 BlueRx is a prescription 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.

Why choose Blue Cross and Blue Shield of Alabama?

For almost 90 years, Blue Cross and Blue Shield of Alabama has been more than a healthcare provider. We've been a trusted neighbor, helping generations of Alabamians through every season of life. Rooted in the communities we serve, we offer the stability you can count on today and in the years to come. With our Medicare coverage, you get local resources, straightforward support and a partner committed to your health, your peace of mind and your future.

90% *We have 90% of doctors and 100% of hospitals statewide in our Blue Advantage network.²*

 *Blue Advantage has the highest number of individual Medicare Advantage enrollments in Alabama.²*

 *Every year, Medicare evaluates plans based on a 5 star rating system.³ In 2025, Blue Cross and Blue Shield of Alabama's Blue Advantage plans received 5 out of 5 stars for "Member Experience with Health Plan" and 4 out of 5 stars for "Overall Star Rating."²*

We Invest in Your Wellness. Here's How.

We want to help you stay healthy for years to come. That's why Blue Advantage and C Plus members can enjoy these benefits through Blue Cross:



TruHearing® Services⁴

Enjoy a \$0 copay for an annual routine hearing exam through TruHearing. You can also get state-of-the-art technology as well as three provider visits during the first year, all at a substantial discount. Pay just \$499, \$699 or \$999, per ear, depending on the model you choose. Call **1-844-255-7140 (TTY 711)** to locate a TruHearing provider and to schedule your appointment.



Preventive Screenings and Services

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



AirMed International⁵

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.



24-Hour Nurse Hotline⁶

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 Alabama²

With 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.



Pharmacy Advocate Team

We are just a phone call or email away for Blue Advantage members who experience challenges adhering to or accessing medications prescribed for chronic conditions such as diabetes or high blood pressure. Our team is ready to help you navigate these challenges, optimize your pharmacy benefits and improve your overall health.



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 Management⁷

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 and easy-to-use online tools that can help you save time and efficiently manage your health.

Which Option Is Right for You?

If you want options like a low-cost (\$0 monthly premium) plan that covers all of your healthcare needs, then **Blue Advantage may be right for you!**

If you'd prefer not to pay a copay for every medical service you receive, **C Plus may be right for you!**

If you only use healthcare services occasionally, **Blue Advantage may be right for you!**

If you prefer easy-to-budget healthcare costs, **C Plus may be right for you!**

If you want a stand-alone Part D plan or are signing up for a supplement plan like C Plus, **BlueRx may be right for you!**

Ask yourself these questions as you compare plans:

- ✓ Is my doctor in the plan's network?
- ✓ Is my pharmacy in the plan's network?
- ✓ What will my prescription costs be?
- ✓ How often will I visit my doctor?
- ✓ Am I covered when I travel?
- ✓ Are there extra benefits like dental, vision and hearing?
- ✓ Do I need referrals to see specialists?

Steps to get started:



Find your doctor.

Scan this code to look up your doctor in our network. Or go to [BCBSALMedicare.com/FindMyDoctor](https://www.bcbsalmedicare.com/FindMyDoctor).



Find your prescriptions.

Scan the code to look up your prescriptions. Or go to [BCBSALMedicare.com/CheckMyDrugs](https://www.bcbsalmedicare.com/CheckMyDrugs) to use our drug lookup tool.

Here's how to enroll:

CALL US

at **1-855-575-5566 (TTY 711)**. Our local advisors are here for you Monday – Friday, 8 a.m. – 8 p.m. CST.¹

MEET IN PERSON

To RSVP for one of our meetings, call us or register online at [BCBSALMedicare.com/Meet](https://www.bcbsalmedicare.com/Meet).⁸

VISIT US ONLINE

Go to [BCBSALMedicare.com](https://www.bcbsalmedicare.com) to learn more.

You May Qualify for EXTRA HELP to Pay for Prescription Drug Costs.

Some Blue Advantage and BlueRx members may qualify for a Low Income Subsidy (LIS), or "Extra Help." This can help lower insurance premiums and copays for qualifying individuals.

Extra Help is a program administered by the Social Security Administration (SSA) that assists with costs related to a Medicare prescription drug plan. This can include monthly premiums, annual deductibles, prescription copayments and the Part D late enrollment penalty. The Extra Help is estimated to be worth \$6,200 per year. Some people with limited resources and income are eligible for these significant savings and don't know it.

How can you apply for Extra Help?

- Automatic qualification: Medicare will mail you a letter. No need to apply.
- If you are not automatically qualified: You may still apply to get Extra Help for your prescription drug costs.

To see if you qualify for Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Administration at 1-800-772-1213, between 8 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
- Alabama Medicaid Agency at 1-800-362-1504, TTY users should call 1-800-253-0799, between 8 a.m. and 4:30 p.m, Monday through Friday.

Resources considered for LIS	Resources NOT considered for LIS
✓ Income	✗ Your home
✓ Money in checking, savings or retirement accounts	✗ One car
✓ Stocks	✗ Burial plot
✓ Bonds	✗ Up to \$1,500 for burial expenses if you have money set aside
	✗ Furniture
	✗ Other household or personal items

Working Past 65? No Problem!

Retire with Alabama Blue offers helpful tools and guidance for individuals who are still working and want to understand how Medicare works with their current coverage. Whether you're planning ahead or just exploring your options, we're here to support you every step of the way. With Blue Cross and Blue Shield of Alabama, you'll have access to:

- Local, licensed advisors who can answer your Medicare questions
- Medicare Coverage Options seminars—available as webinars, onsite Lunch and Learns, and in-person community meetings
- A dedicated Medicare web page with resources to help you make informed decisions

Contact a healthcare partner you can count on—whether you're working, planning or preparing for retirement.

Did you know?

You can have both Medicare and employer coverage. If you have both Medicare and employer coverage, each is considered a payer. One pays first (the primary payer), and the other pays second (the secondary payer).

Who pays first depends on the size of your employer:

- If your employer has 20 or more employees, your employer coverage pays first, and Medicare pays second.
- If your employer has fewer than 20 employees, Medicare pays first, and your employer coverage pays second.

Still working and covered by your employer's plan?

You may be able to delay enrolling in Medicare Part B without penalty, as long as your employer coverage is considered creditable. When your job or coverage ends, you'll qualify for a Special Enrollment Period to sign up for Medicare without facing late penalties.

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



Medicare Glossary

Annual Enrollment Period (AEP):

The yearly time period when you can enroll in or make changes to your current Medicare plan — typically October 15 through December 7.

Coinsurance:

The percentage you pay for medical services or prescription drugs after you've met your deductible. For example, you might pay 20% of the cost of a doctor visit or a medication.

Copayment (copay):

A fixed amount you pay for a medical service or prescription after you've met any deductibles. For example, you may have a \$20 copayment each time you visit the doctor or pay \$15 for a prescription.

Creditable Coverage:

Prescription drug coverage (like from an employer) that's as good as or better than Medicare's standard drug plan.

Deductible:

The amount you must pay out-of-pocket for healthcare services or prescriptions before your insurance begins to pay.

Formulary:

A list of drugs covered by your Part D prescription drug plan or by a Medicare Advantage Prescription Drug (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.

Income-Related Monthly Adjustment Amount (IRMAA):

A surcharge on Part B (Medical Insurance) and Part D Prescription Drug Plan premiums that applies only to Medicare beneficiaries with a modified adjusted gross income above federally determined amounts.

Initial Enrollment Period (IEP):

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 Open Enrollment Period (MAOEP):

The yearly time period when Medicare Advantage enrollees can switch to Original Medicare or to a different Medicare Advantage plan from the one they are currently enrolled in — typically January 1 through March 31. Switching plans during the MAOEP is limited to one plan change per year.

Medicare Advantage (MA) 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 cover, like copayments, coinsurance and deductibles.

Original Medicare:

Original Medicare consists of Part A (Hospital) and Part B (Medical) 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 the same negotiated prices as an in-network provider or pharmacy.

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 health care.

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 or Initial Enrollment Periods for people with certain circumstances, e.g., moving or losing employer-sponsored insurance.

Notes

Horizontal lines for taking notes.

Endnotes

Blue Advantage is a PPO and BlueRx is a PDP with a Medicare contract. Enrollment in Blue Advantage (PPO) and BlueRx (PDP) depends on contract renewal. 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. 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 to or endorsed by the U.S. government or the federal Medicare program. C PlusSM: 1-888-417-4775 (TTY 711). We are available Monday – Friday, 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.

¹ We are available Monday – Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31, 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.

² Doctors refers to Medicare participating providers. Source: BCBSALMedicare.com/whybcbosal

³ A 5-star Medicare Advantage plan has the highest possible quality rating from Medicare.gov, meaning that the plan was determined to have good customer satisfaction and provide access to needed care.

⁴ 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. The 2026 Blue Advantage Choice plan's medical deductible does not apply to the Annual Routine Hearing Exam, Hearing Aids and Fitting of Hearing Aids (in-network and out-of-network hearing coverage only available through TruHearing providers).

⁵ 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.

⁶ 24-hour Health Information Line: 1-800-896-2724 (TTY 711); \$0 copay to speak one-on-one with a clinician; available 24/7/365 for guidance and information.

⁷ For Blue Advantage or BlueRx members only.

⁸ For accommodations of persons with special needs at meetings, call 1-888-246-7023 (TTY 711).

Additional Resources

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, 8 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, 8 a.m. – 4:30 p.m., Monday – Friday
[medicaid.alabama.gov](https://www.medicaid.alabama.gov)

Railroad Retirement Board

1-877-772-5772, TTY users: 1-312-751-4701, 9 a.m. – 3 p.m., Monday – Friday
[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)

CALL US:

1-855-575-5566 (TTY 711)

**Our local advisors are here for you
Monday — Friday, 8 a.m. — 8 p.m. CST.¹**

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**Go to BCBSALMedicare.com to learn more.
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