


LET BLUE WORK FOR YOU



Your guide to 2025 Medicare Coverage Options



BlueCross BlueShield
of Alabama

We cover what matters.

Medicare. Made simple.

Thank you for choosing Blue Cross and Blue Shield of Alabama for your Medicare needs. This guide is designed to help you understand how Medicare works, explore different plan options and choose the right one for you. Follow along with the color-coded tabs to find the plan that best fits your needs.



Table of Contents

Eligibility and Enrollment Periods	3
Medicare Explained: One Part at a Time	4
Medicare Part D: One Phase at a Time	5
Choosing a Medicare Coverage Combination	6
Medicare Options with Blue Cross and Blue Shield of Alabama	7
Why Choose Blue?	7
Blue Advantage® (PPO) Plan	8-19
C Plus SM Plan	20-23
Wellness Benefits for Blue Advantage and C Plus Members	24-25
BlueRx SM Plan	26-28
Qualifying for Extra Help	29
Which Option Is Right For You?	30
Did You Know?	31
What Happens Next?	32
Additional Resources	33
Medicare Glossary	34-35
Notes	36-38
Endnotes	39

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

MAOEP 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.



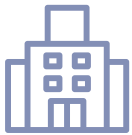
SPECIAL ENROLLMENT PERIOD (SEP)

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 those who are eligible. It is administered by the Centers for Medicare and Medicaid Services (CMS). 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

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



PART B: Medical Insurance

- Doctor 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 (MA)

- Includes the benefits of Part A and Part B and may include extras like dental, vision and hearing
 - Referred to as Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO)
 - Known as a Medicare Advantage Prescription Drug (MAPD) plan if prescription drug coverage is included
-



PART D: Prescription Drug Plan (PDP)

- Includes the cost of outpatient prescription drugs
 - Covers both generic and brand-name drugs
 - Offered in 2 ways: As coverage combined with a Medicare Advantage plan or as a stand-alone prescription drug plan
-



Medicare Supplement Plans

While Medicare Supplement (aka Medigap) plans are not a 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: One Phase at a Time

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 Prescription Drug Plan. Understanding how the Medicare Part D benefits work will help you pick the right plan for you.

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

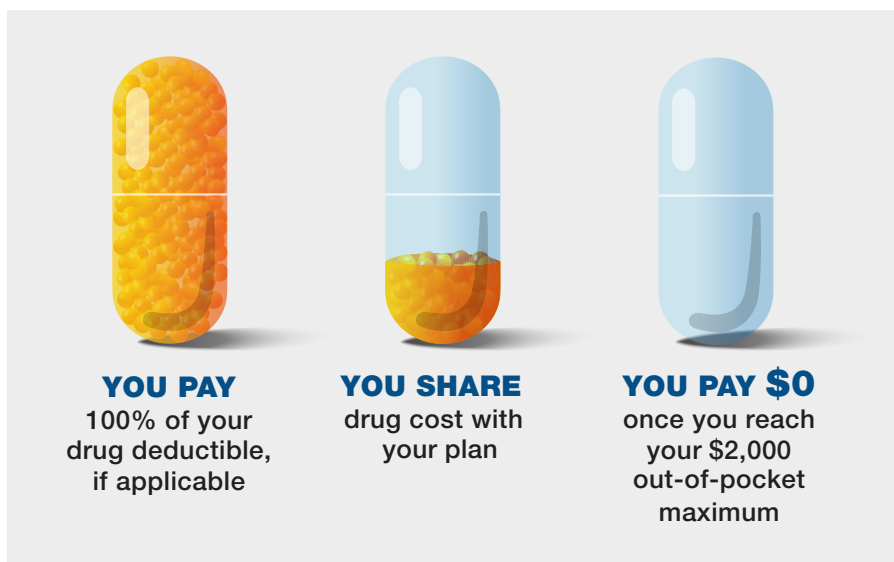
You begin this payment phase when you fill your first prescription of the year. **You pay the total cost of your drugs** until you've met your plan's annual deductible, if applicable.

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 pay copayments and/or coinsurance until your out-of-pocket costs reach **\$2,000** in 2025.

PHASE 3: Catastrophic Coverage – You pay nothing.

Once you reach the \$2,000 out-of-pocket maximum, you move into the catastrophic coverage phase. If you reach this phase, you **no longer pay any copays or coinsurance for your drugs**.



Medicare Prescription Payment Plan

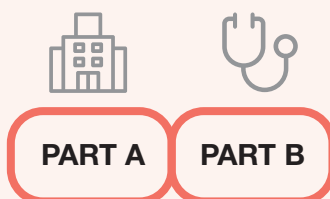
The Medicare Prescription Payment Plan (M3P) is a new payment option that is designed to help manage your out-of-pocket drug costs by spreading them across the calendar year (January-December). Because drug costs are spread out over the remaining months in the year, beneficiaries with high drug costs early in the plan year may benefit the most from this option. When filling a prescription for a drug covered by Part D, participants in the M3P will get a calculated monthly bill for their out-of-pocket drug costs rather than pay at the pharmacy. **This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.**

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, and read through the guide to learn more about how these plans work for you.

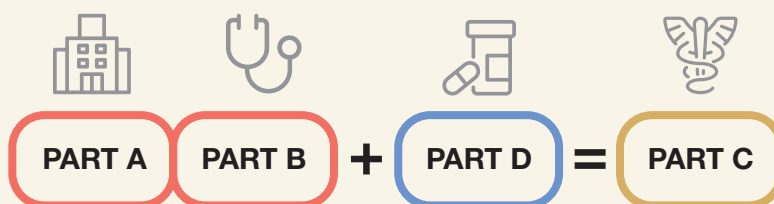
STEP 1: Enroll in Original Medicare.

Original Medicare

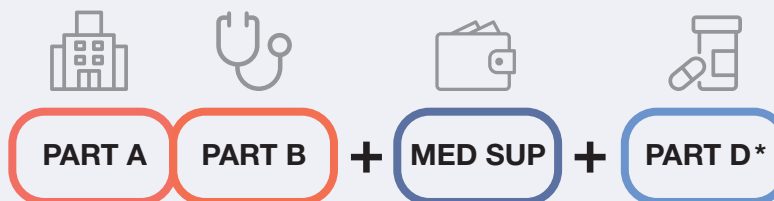


STEP 2: Choose one of the below plan options.

Medicare Advantage Plan

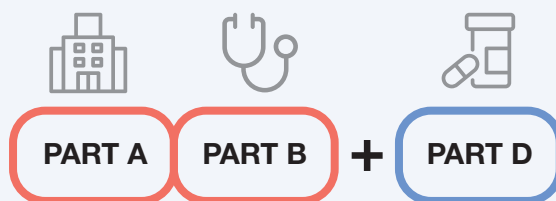


Medicare Supplement Plan



*Part D is not required with med sup, but will provide more comprehensive coverage

Medicare Part D Plan



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



1-855-575-5566 (TTY 711)
8 a.m. – 8 p.m., Monday – Friday¹



BCBSALMedicare.com

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

Blue Advantage

A Medicare Approved PPO

Blue Advantage® (PPO)

The popular all-in-one Part C Medicare Advantage plan combines medical and prescription drug coverage. This plan includes low, fixed costs and extra benefits, like dental, vision, hearing coverage and more.

CPlusSM

A Medicare Select Plan

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

A Medicare Approved Part D Plan

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?

As a trusted healthcare partner with over 85 years of experience in the industry, choosing Blue Cross and Blue Shield of Alabama will provide you with peace of mind. Not only will you gain access to local resources dedicated to making your Medicare journey simple and easy, you will have coverage provided by a reputable company you can count on.

OVER
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 2024, Blue Cross and Blue Shield of Alabama's Blue Advantage plans received 5 out of 5 stars for "Health Plan Member Service" and 4 out of 5 stars for "Overall Star Rating".²





Blue Advantage benefits at-a-glance

- ✓ Choice of plans, including **\$0 premium** option
- ✓ **\$0** Primary Care Physician copay (PCP), depending on plan selection
- ✓ Part D deductible and prescription drug copays as low as **\$0**
- ✓ **100% of Alabama hospitals and 90% of doctors** are in-network²
- ✓ **No referral required** for doctors, specialists or hospitals

Why Blue Advantage?

1. Prescription drug coverage is included.

Blue Advantage includes prescription coverage for the medications people with Medicare take most often. And best of all, you won't pay more than \$2,000 out of pocket for covered prescriptions during the 2025 plan year.


2. Protection 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. Coverage 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 you can use providers outside the network (though your costs may be higher).

Benefits for the following counties: Autauga, Barbour, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, St. Clair, Sumter, Talladega, Tallapoosa, Tuscaloosa, Washington, Wilcox and Winston

 A Medicare Approved PPO 2025 MONTHLY PLAN PREMIUM	Blue Advantage CHOICE
	\$0
Primary Care Doctor (<i>copay per visit</i>)	\$0
Specialist (<i>copay per visit</i>)	\$35
Telehealth (<i>copay per visit</i>)	\$0–\$55
Lab Services	\$0
X-rays	\$20
Diagnostic Radiology (<i>MRI, CT scans</i>)	\$125
Outpatient Hospital Services	\$0–\$265
Physical, Occupational and Speech Therapy Sessions	\$30
Ambulance Services	\$405
Inpatient Hospital Stay	\$290 per day for days 1–7 \$0 per day for days 8–90 \$0 for each additional hospital day
Skilled Nursing Facility (<i>prior hospital stay not required</i>)	\$10 per day for days 1–20 \$214 per day for days 21–100
Medicare Part B Drugs (<i>injectable and infused drugs like chemo, etc.</i>)	20% coinsurance
Emergency Room Visit	\$125 (<i>waived if admitted within 24 hours</i>)
Worldwide Emergency/ Urgent Coverage⁵	\$50,000 annually; no deductible; cost sharing applies


Note: Not a full explanation of benefits

	Blue Advantage CHOICE
Diabetic Supplies <i>(Blood glucose meters/test strips from Ascensia and LifeScan; continuous glucose monitoring from Dexcom and Abbott)⁶</i>	\$0
Preventive Dental Allowance	\$375 per calendar year
Annual Routine Vision and Hearing Exam	\$0 <i>Must use a TruHearing® network provider for routine hearing exam</i>
Eyewear Allowance	\$100 per calendar year
Hearing Aids⁷	\$499/\$699/\$999 <i>(One high-tech TruHearing branded hearing aid per ear, per year)</i>
Fitness Allowance for gym membership⁸	\$90 per quarter
Over-the-Counter (OTC) Allowance⁹	N/A
MOOP: (Maximum Out-Of-Pocket) Amount	\$5,500 in-network; \$7,900 combined in/out-of-network

2025 Prescription Drug Benefits (Standard Retail Pharmacy Costs)	
Deductible	\$440 (For Tiers 3, 4, and 5)
Copays/Coinsurance	
Tier 1 Preferred Generic	\$0
Tier 2 Generic	\$13
Tier 3 Preferred Brand	20%
Tier 4 Non-Preferred Drug	40%
Tier 5 Specialty	27%
Insulins	\$35
Part D Catastrophic Coverage	
After your yearly out-of-pocket costs reach \$2,000 you pay \$0 the rest of the calendar year.	

Note: Costs listed are for 30-day supply

Benefits for the following counties: Autauga, Barbour, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, St. Clair, Sumter, Talladega, Tallapoosa, Tuscaloosa, Washington, Wilcox and Winston.

 A Medicare Approved PPO	Blue Advantage COMPLETE
	\$29.50
Primary Care Doctor (<i>copay per visit</i>)	\$5
Specialist (<i>copay per visit</i>)	\$35
Telehealth (<i>copay per visit</i>)	\$5–\$55
Lab Services	\$0
X-rays	\$15
Diagnostic Radiology (<i>MRI, CT scans</i>)	\$95
Outpatient Hospital Services	\$0–\$265
Physical, Occupational and Speech Therapy Sessions	\$30
Ambulance Services	\$405 per one-way trip
Inpatient Hospital Stay	\$290 per day for days 1–7 \$0 per day for days 8–90 \$0 for each additional hospital day
Skilled Nursing Facility (<i>prior hospital stay not required</i>)	\$0 per day for days 1–20 \$214 per day for days 21–100
Medicare Part B Drugs (<i>injectable and infused drugs like chemo, etc.</i>)	20% coinsurance
Emergency Room Visit	\$125 (<i>waived if admitted within 24 hours</i>)
Worldwide Emergency/Urgent Coverage⁵	\$50,000 annually; no deductible; cost sharing applies


Note: Not a full explanation of benefits

	Blue Advantage COMPLETE
Diabetic Supplies (Blood glucose meters/test strips from Ascensia and LifeScan; continuous glucose monitoring from Dexcom and Abbott) ⁶	\$0
Comprehensive and Preventive Dental Allowance	\$1,000 per calendar year
Annual Routine Vision and Hearing Exam	\$0 Must use a TruHearing® network provider for routine hearing exam
Eyewear Allowance	\$100 per calendar year
Hearing Aids⁷	\$499/\$699/\$999 (One high-tech TruHearing branded hearing aid per ear, per year)
Fitness Allowance for gym membership⁸	N/A
Over-the-Counter (OTC) Allowance⁹	N/A
MOOP: (Maximum Out-Of-Pocket) Amount	\$5,100 in-network; \$7,500 combined in/out-of-network

2025 Prescription Drug Benefits (Preferred Retail Pharmacy Costs)	
Deductible	\$0
Copays/Coinsurance	
Tier 1 Preferred Generic	\$4
Tier 2 Generic	\$13
Tier 3 Preferred Brand	\$40
Tier 4 Non-Preferred Drug	38%
Tier 5 Specialty	33%
Tier 6 Select Care	\$0
Insulins	\$35
Part D Catastrophic Coverage	
After your yearly out-of-pocket costs reach \$2,000 you pay \$0 the rest of the calendar year.	

Note: Costs listed are for 30-day supply

Benefits for the following counties: Baldwin, Bibb, Chilton, Jefferson, Mobile, Shelby, and Walker.

 A Medicare Approved PPO	Blue Advantage COMPLETE
	\$0
2025 MONTHLY PLAN PREMIUM	
Primary Care Doctor (<i>copay per visit</i>)	\$0
Specialist (<i>copay per visit</i>)	\$35
Telehealth (<i>copay per visit</i>)	\$0–\$55
Lab Services	\$0
X-rays	\$20
Diagnostic Radiology (<i>MRI, CT scans</i>)	\$125
Outpatient Hospital Services	\$0–\$295
Physical, Occupational and Speech Therapy Sessions	\$35
Ambulance Services	\$320 per one-way trip
Inpatient Hospital Stay	\$290 per day for days 1–7 \$0 per day for days 8–90 \$0 for each additional hospital day
Skilled Nursing Facility (<i>prior hospital stay not required</i>)	\$10 per day for days 1–20 \$214 per day for days 21–100
Medicare Part B Drugs (<i>injectable and infused drugs like chemo, etc.</i>)	20% coinsurance
Emergency Room Visit	\$125 <i>(waived if admitted within 24 hours)</i>
Worldwide Emergency/Urgent Coverage⁵	\$50,000 annually; no deductible; cost sharing applies


Note: Not a full explanation of benefits

	Blue Advantage COMPLETE
Diabetic Supplies (<i>Blood glucose meters/test strips from Ascensia and LifeScan; continuous glucose monitoring from Dexcom and Abbott</i>) ⁶	\$0
Comprehensive and Preventive Dental Allowance	\$1,000 per calendar year
Annual Routine Vision and Hearing Exam	\$0 <i>Must use a TruHearing® network provider for routine hearing exam</i>
Eyewear Allowance	\$100 per calendar year
Hearing Aids ⁷	\$499/\$699/\$999 <i>(One high-tech TruHearing branded hearing aid per ear, per year)</i>
Fitness Allowance for gym membership ⁸	\$90 per quarter
Over-the-Counter (OTC) Allowance ⁹	N/A
MOOP: (Maximum Out-Of-Pocket) Amount	\$5,100 in-network; \$7,500 combined in/out-of-network

2025 Prescription Drug Benefits (Preferred Retail Pharmacy Costs)	
Deductible	\$150 (For Tiers 3, 4, and 5)
Copays/Coinsurance	
Tier 1 Preferred Generic	\$4
Tier 2 Generic	\$13
Tier 3 Preferred Brand	\$40
Tier 4 Non-Preferred Drug	36%
Tier 5 Specialty	31%
Tier 6 Select Care	\$0
Insulins	\$35
Part D Catastrophic Coverage	
After your yearly out-of-pocket costs reach \$2,000 you pay \$0 the rest of the calendar year.	

Note: Costs listed are for 30-day supply

Benefits for the following counties: Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Mobile, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, St. Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington, Wilcox and Winston.

 A Medicare Approved PPO	Blue Advantage PREMIER
	\$153
2025 MONTHLY PLAN PREMIUM	
Primary Care Doctor (<i>copay per visit</i>)	\$0
Specialist (<i>copay per visit</i>)	\$20
Telehealth (<i>copay per visit</i>)	\$0–\$55
Lab Services	\$0
X-rays	\$5
Diagnostic Radiology (<i>MRI, CT scans</i>)	\$25
Outpatient Hospital Services	\$0–\$150
Physical, Occupational and Speech Therapy Sessions	\$20
Ambulance Services	\$175 per one-way trip
Inpatient Hospital Stay	\$175 per day for days 1–5 \$0 per day for days 6–90 \$0 for each additional hospital day
Skilled Nursing Facility (<i>prior hospital stay not required</i>)	\$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
Emergency Room Visit	\$120 <i>(waived if admitted within 24 hours)</i>
Worldwide Emergency/ Urgent Coverage⁵	\$50,000 annually; no deductible; cost sharing applies

Note: Not a full explanation of benefits

	Blue Advantage PREMIER
Diabetic Supplies (<i>Blood glucose meters/test strips from Ascensia and LifeScan; continuous glucose monitoring from Dexcom and Abbott</i>) ⁶	\$0
Comprehensive and Preventive Dental Allowance	\$1,300 per calendar year
Annual Routine Vision and Hearing Exam	\$0 <i>Must use a TruHearing® network provider for routine hearing exam</i>
Eyewear Allowance	\$100 per calendar year
Hearing Aids ⁷	\$499/\$699/\$999 <i>(One high-tech TruHearing branded hearing aid per ear, per year)</i>
Fitness Allowance for gym membership ⁸	\$90 per quarter
Over-the-Counter allowance ⁹	\$50 per quarter
MOOP: (Maximum Out-Of-Pocket) Amount	\$2,900 in-network; \$5,100 combined in/out-of-network

2025 Prescription Drug Benefits (Preferred Retail Pharmacy Costs)	
Deductible	\$0
Copays/Coinsurance	
Tier 1 Preferred Generic	\$0
Tier 2 Generic	\$8
Tier 3 Preferred Brand	\$40
Tier 4 Non-Preferred Drug	33%
Tier 5 Specialty	33%
Insulins	\$35
Part D Catastrophic Coverage	
After your yearly out-of-pocket costs reach \$2,000 you pay \$0 the rest of the calendar year.	

Note: Costs listed are for 30-day supply

Understanding your Blue Advantage Drug Coverage

With Blue Advantage prescription drug coverage, you get:

A large pharmacy network

There is a large selection of network pharmacies in Alabama and over 30,000 pharmacies nationwide. To find out if your pharmacy is Standard or Preferred, visit **BCBSALMedicare.com/PreferredPharmacies**. For a list of Preferred and/or Standard Pharmacies OR to learn more about the Home Delivery Pharmacy Service, just call **1-855-575-5566 (TTY 711)**. **The pharmacy network is subject to change.**

Rx Savings Solutions helps Blue Advantage members save on drug costs¹⁰

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 service¹¹

Get your routine medication without leaving your home! Services are offered through many of our in-network pharmacies or by mail through Walgreens Mail Service, Amazon Pharmacy or Express Scripts® Pharmacy. Save even more on Tier 1 drugs at these Preferred Home Delivery pharmacies with a \$0 copay.

When you use our home delivery pharmacy service, **you can get up to a 100-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!

Please note: The Blue Advantage Choice plan is a single tier network with Standard pharmacies and does not have Preferred Retail pharmacies.



Find your prescriptions.

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







A Medicare Select Plan

(This is a type of supplemental insurance aka Medigap.)

C Plus benefits at-a-glance

- ✓ **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 Fitness Allowance** for gym membership every three months⁸
- ✓ **TruHearing hearing aids** for \$499/\$699/\$999 per ear, per year⁷
- ✓ **24-Hour Nurse Hotline**¹²

Why C Plus?

1. Fewer expenses out-of-pocket

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. 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. Protection while traveling⁴

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, G and F In 2024	Medicare alone YOU'LL PAY:	With PLAN-B YOU PAY:	With PLAN-G YOU PAY:	With PLAN-F* YOU PAY:
Part A Hospital Expenses				
Initial Part A hospital deductible	\$1,632	\$0	\$0	\$0
Daily copay for days 61–90 in a hospital	\$408 per day	\$0	\$0	\$0
Daily copay for days 91-150 in a hospital (Lifetime Reserve)	\$816 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	\$204 per day	\$204 per day	\$0	\$0
Part B Physician Services and Supplies				
Annual Part B deductible	\$240	\$240	\$240	\$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%	20% until you meet your deductible. \$0 after you meet your deductible.	20% until you meet your deductible. \$0 after you meet your deductible.	\$0
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

Note: 2025 rates unavailable at time of print.

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

Age Category When You Enroll:	2025 Monthly Premium*		
	C Plus Plan-B	C Plus Plan-G	C Plus Plan-F*
Age 65	\$188	\$207	\$237
Age 66–69	\$208	\$228	\$262
Age 70 & Above	\$231	\$253	\$291
Under age 65 and eligible for Medicare because you are disabled	\$359	\$394	\$452

C 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).



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:



Fitness Allowance

Your fitness benefit⁹ 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. Your allowance is available at the beginning of each quarter of the plan year (January, April, July and October). Any unused amount will not be carried forward to the next quarter. For complete benefit information and additional details, please call FlexCard customer service at **1-800-962-1964 (TTY 711)**. This benefit is not available for all Blue Advantage plans.



TruHearing® Services⁷

Enjoy a \$0 copay for an annual routine hearing exam through TruHearing. You can also get state-of-the-art technology including a year's worth of follow-up visits, 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 International¹³

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 Program¹⁴

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



24-Hour Nurse Hotline¹²

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.



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 Management¹⁵

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.



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.





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. We have two options to fit your needs.

BlueRx Essential

- ✓ Lower monthly premium
- ✓ \$590 deductible
- ✓ \$0 copay on Preferred Generics

BlueRx Enhanced Plus

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

Why BlueRx?

1. Pharmacy options

Your pharmacy network depends on which plan you choose. To view pharmacy networks by plan and find Preferred Retail Pharmacies available near you, visit **BCBSALMedicare.com/PreferredPharmacies**. For a list of Standard and Preferred Pharmacies OR to learn more about the Home Delivery Pharmacy Service, just call **1-855-575-5566 (TTY 711)**. The pharmacy network is subject to change.

2. Rx Savings Solutions¹⁰

This service helps BlueRx members 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 service¹¹

Get your routine medication without leaving your home! When you use Home Delivery Pharmacy Service you can get up to a 100-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:

2025 PLAN PREMIUM	BlueRx ESSENTIAL	BlueRx ENHANCED PLUS
	\$63.20	\$129.30
Your Prescription Drug Costs		
DEDUCTIBLE	\$590	\$0
COPAY/COINSURANCE Costs listed are for 30-day supply <div> Drug Tier Classifications Tier 1 – Preferred Generic Tier 2 – Generic Tier 3 – Preferred Brand Tier 4 – Non-Preferred Drug Tier 5 – Specialty </div>	Standard Retail Cost-Sharing Pharmacy After deductible, you pay: Tier 1\$0 Tier 2\$4 Tier 324% Tier 439% Tier 525% Insulins\$35 <div> 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. </div>	Preferred Retail Cost-Sharing Pharmacy You pay: Tier 1\$2 Tier 2\$10 Tier 3\$40 Tier 445% Tier 533% Insulins\$35
What happens when YOUR out-of-pocket Rx dollar spend reaches \$2,000		
CATASTROPHIC COVERAGE	Pay \$0 out-of-pocket	

Some BlueRx (PDP) covered drugs may be subject to Prior Authorization (PA), Step Therapy (ST) or have Quantity Limits (QL).

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 co-payments and the Part D late enrollment penalty. The Extra Help is estimated to be worth \$5,900 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 getting 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 Office 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

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!**

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 with the camera on your phone to look up your doctor in our network. Or go to **BCBSALMedicare.com/FindMyDoctor**.



Find your prescriptions.

Scan the code to look up your prescriptions. Or go to **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**.¹⁶

VISIT US ONLINE

Log on to **BCBSALMedicare.com** to learn more.

Did you know?

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

Original Medicare does not have an out-of-pocket limit. Our Blue Advantage plans have a maximum out-of-pocket (MOOP) limit that applies to your medical benefits. If you spend that amount in a calendar year, you are no longer responsible for additional medical costs.

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 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 Blue Advantage is so useful; it can help you avoid Part D penalties down the road even if you don't have prescriptions that you fill now.

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.

Additionally, if you enroll in Medicare Advantage for the first time, you can make a one-time change within the first three months after your plan's start date.

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 can have both Medicare and employer coverage.

If you have both Medicare and health insurance from your employer, each is called a "payer." Coordination of benefits rules decide who pays first. The primary payer takes care of the bill initially, and anything remaining is covered by the secondary payer.

What happens next?

After your enrollment is confirmed, depending on the plan you selected, you can look forward to receiving:

	Blue Advantage A Medicare Approved PPO	CPlus SM A Medicare Select Plan	BlueRx SM A Medicare Approved Part D Plan
Welcome Kit with ID Card	✓		
Welcome Kit		✓	✓
ID Card		✓	✓
Coordination of Benefits (COB) Letter	✓	✓	✓
AirMed Card	✓	✓	
Welcome Call	✓		
Medicare Prescription Payment Plan (M3P) Election Form	✓		✓

Once you are a Blue Cross member, expect to receive the following throughout the year:

	Blue Advantage A Medicare Approved PPO	CPlus SM A Medicare Select Plan	BlueRx SM A Medicare Approved Part D Plan
Phone Calls	✓		
Invitations to Member Meetings	✓		
Explanation of Benefits (EOBs)	✓	✓	✓
FlexCard	✓*	✓	

*Does not apply to all Blue Advantage plans.

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

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

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. If you are new to Medicare, you can enroll three months before to 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 after you pay any deductibles. 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 a 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 (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.

Medicare Prescription Payment Plan (M3P):

A program to help members smooth out their prescription drug costs over the calendar year through billed monthly payments instead of copays/coinsurance at the point of sale. The M3P program is available to all Medicare Part D enrollees.

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.

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 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

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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 Source: BCBSALMedicare.com/whybcbsal
- ³ Every year Medicare evaluates plans based on a 5-star rating system. 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 In some cases, Blue Advantage PPO networks are only available in portions of participating states. As of August 2024, only two states are not participating: Alaska and Wyoming. The states and territories listed are subject to change at any time. If you need help finding a provider in a certain area, call Member Services at the number listed on the back of your ID card or call 1-800-810-BLUE (2583). Out-of-network/non-contracted providers are under no obligation to treat Plan 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.
- ⁵ 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.
- ⁶ You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. Cost shown applies when obtained through a pharmacy. Only the Ascensia (Contour) and LifeScan (OneTouch) blood glucose meters and test strips are covered. Test strips are limited to 204 per 30 days. Only Dexcom and Abbott (Freestyle) continuous glucose monitors are covered. All receivers and transmitters are subject to quantity limits.
- ⁷ All content ©2024 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 compared to TruHearing pricing. Savings may vary. Listed hearing aid prices are subject to change. Confirm hearing aid pricing at your appointment with your provider. Pricing of TruHearing-branded aids based on prices for comparable aids. TruHearing[®] is an independent company offering exclusive hearing aid savings for Blue Cross and Blue Shield of Alabama members.
- ⁸ 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. Your allowance is available at the beginning of each quarter of the plan year (January, April, July and October). Any unused amount will not be carried forward to the next quarter. The Alabama FlexCard Mastercard[®] Prepaid Card is issued by Stride Bank, N.A., Member FDIC, pursuant to license by Mastercard International.
- ⁹ Available on Premier plan only. The Alabama FlexCard Mastercard[®] Prepaid Card is issued by Stride Bank, N.A., Member FDIC, pursuant to license by Mastercard International.
- ¹⁰ 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 time of dispensing. All suggestions provided are for informational purposes only.
- ¹¹ Prime Therapeutics LLC is an independent company that provides pharmacy solutions for Blue Cross and Blue Shield of Alabama members. Express Scripts Pharmacy, Walgreens Mail Service and Amazon Pharmacy are independent companies providing mail pharmacy services to members of Blue Cross and Blue Shield of Alabama.
- ¹² 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
- ¹³ 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.
- ¹⁴ All rewards will be mailed in the form of a Walmart gift card, which may be used in store or online at Walmart.com. Gift card may NOT be used for alcohol, tobacco, firearms or lottery. Blackhawk Network is an independent company providing rewards (Walmart gift cards) to Blue Advantage members on behalf of Blue Cross and Blue Shield of Alabama.
- ¹⁵ For Blue Advantage or BlueRx members only.
- ¹⁶ For accommodations of persons with special needs at meetings, call 1-888-246-7023 (TTY 711).

CALL US:

1-855-575-5566 (TTY 711)

**Our local advisors are here for you
Monday — Friday, 8 a.m. — 8 p.m. CST¹.**

VISIT US ONLINE:

Log on to BCBSALMedicare.com to learn more.

Already a member? Call 1-888-234-8266 for more information.



**BlueCross BlueShield
of Alabama**

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.