



Additional coverage that helps reduce out-of-pocket costs and fills gaps in Original Medicare

2027 Plan Highlights



C PlusSM Medicare Select

- ✓ 100% coverage for Medicare-eligible inpatient hospital stays
- ✓ Access to 100% of Alabama hospitals and over 90% of doctors¹
- ✓ Use any doctor or hospital accepting Medicare when traveling out of state
- ✓ No referral needed to see specialists
- ✓ \$0 annual routine hearing exam and hearing aid copays starting at \$499, one aid per ear, per year (both from TruHearing² providers only)
- ✓ No underwriting restrictions

Have questions about C Plus or need help enrolling?

Call **1-877-278-7007** (TTY 711), 8 a.m. – 6 p.m. CST³

Or visit us online at **BCBSALMedicare.com** anytime!

¹ Doctors refers to Medicare participating providers. Source: BCBSALMedicare.com/WhyBCBSAL

² 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.

³ We are available Monday – Friday, 8 a.m. – 6 p.m. CST. From October 1 to March 31, the hours of operation are Monday – Sunday, 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.

⁴ Amounts shown are the 2026 deductibles and copays and may change on January 1, 2027.

⁵ After 90 consecutive days of hospitalization, Medicare benefits are paid from a one-time Lifetime Reserve of 60 additional days that are not renewable each benefit period.

⁶ 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.

⁷ You must meet specific eligibility requirements to qualify for Plan F.

Blue Cross and Blue Shield of Alabama also offers Plan A, a Medicare Supplement plan that provides you with basic hospital benefits. With Plan A, you can use any Medicare-participating hospital you want. There is a 180-day waiting period for pre-existing conditions. For 2027, the monthly premium for Plan A is \$198, regardless of your age. This is a solicitation of insurance. Contact may be made by an issuer or insurance producer. C PlusSM is a Medicare Select Plan and is a private insurance plan regulated by the Alabama Department of Insurance. It is not connected with or endorsed by the U.S. government or the federal Medicare program.

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.



We cover what matters.

Choose to see **Blue.**

In 2026⁴

 (2027 Medicare rates
unavailable at time of print)

Medicare alone
 You'll pay:

PLAN B
 You pay:

PLAN G
 You pay:

PLAN F⁷
 You pay:

Part A Hospital Expenses

Initial Part A hospital deductible

\$1,736
\$0
\$0
\$0

 Daily copay for days 61–90
in a hospital

\$434 per day
\$0
\$0
\$0

 Daily copay for days 91–150 in a
hospital (Lifetime Reserve)⁵
\$868 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

\$217 per day
\$217 per day
\$0
\$0

Part B Physician Services and Supplies

Annual Part B deductible

\$283
\$283
\$283
\$0

 20% of the Medicare-approved amounts
(Medicare pays 80%) for:

- Doctor and specialist visits
- Lab and X-ray
- Outpatient services and procedures
- Durable medical equipment
- Other Part B services

20%
**Until deductible
is met:
20%**
**After deductible:
\$0**
**Until deductible
is met:
20%**
**After deductible:
\$0**
\$0

Other Benefits Not Covered by Medicare

Foreign Travel Emergency⁶

 Medically necessary emergency care
services during the first 60 days of each
trip outside of 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**

What You Pay for C Plus

Age Category When You Enroll:
2027 Monthly Premium
Plan B
Plan G
Plan F
Age 65
\$241
\$265
\$304
Age 66–69
\$267
\$293
\$337
Age 70 & Above
\$296
\$325
\$373
**Under age 65 and eligible for Medicare
because you are disabled**
\$507
\$557
\$639