



## 2024 Plan Highlights

The all-in-one, flexible Medicare Advantage plan that's made for Alabamians

### BLUE ADVANTAGE® COMPLETE (PPO) BENEFITS AT-A-GLANCE

Medicare works with private insurance companies like Blue Cross and Blue Shield of Alabama to provide Medicare Advantage plans. Blue Advantage Complete (PPO) includes all Original Medicare (Parts A and B) benefits, along with prescription drug coverage and many extra benefits:

- ✓ **\$0** monthly premium
- ✓ **100% of Alabama hospitals** and **over 90% of doctors** are in our network
- ✓ **No referral required** for network doctors, specialists or hospitals
- ✓ Dental – Comprehensive and Preventive Dental Allowance **\$1,000** per calendar year
- ✓ Vision – Eyewear Allowance **\$100** per calendar year
- ✓ TruHearing® Services\*
- ✓ Preventive Services and Screenings
- ✓ **\$90 allowance** on FlexCard for gym membership every three months<sup>2</sup>
- ✓ AirMed International\*\*
- ✓ 24-Hour Nurse Hotline
- ✓ Medication Therapy Management
- ✓ Disease Management Program

<sup>1</sup> We are available Monday – Friday, 8 a.m. – 8 p.m. CST. From October 1 to December 7, the hours of operation are Monday – Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day. 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. <sup>2</sup> The Alabama FlexCard Mastercard® Prepaid Card is issued by Stride Bank, N.A. Member FDIC, pursuant to license by Mastercard International.

\*TruHearing® is an independent company offering exclusive hearing aid savings for Blue Cross and Blue Shield of Alabama members. All content ©2023 TruHearing, Inc. All Rights Reserved. TruHearing® and (Re)™ are trademarks of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant. \*\* 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. \*\*\* You may qualify for a maximum of 14 home-delivered meals from an approved vendor upon each hospital discharge when diagnosed with a minimum of two of the following chronic conditions: COPD, Congestive Heart Failure, Diabetes, Rheumatoid Arthritis or Vascular Disease. <sup>§</sup> Rx Savings Solutions is an independent company providing Blue Advantage (PPO) members with help finding lower price options for prescription medications. Activating your Rx Savings Solutions account will allow access to your medication claims history. Rx Savings Solutions is a HIPAA-compliant service, and your personal health information will not be shared with anyone, including your employer. Savings amounts may vary at the time of dispensing. All suggestions provided are for informational purposes only. <sup>†</sup> Only the Ascensia (Contour) and LifeScan (OneTouch) blood glucose meters and test strips are covered. Test strips are limited to 204 per 30 days.

**Blue Advantage  
COMPLETE:**

<b>Monthly Premium</b>	<b>\$0</b>
<b>Primary Care Doctor</b> (copay per visit)	<b>\$5</b>
<b>Specialist</b> (copay per visit)	<b>\$35</b>
<b>Telehealth</b> (copay per visit)	<b>\$5 – \$55</b>
<b>Lab Services</b>	<b>\$0</b>
<b>X-rays</b>	<b>\$15</b>
<b>Diagnostic Radiology</b> (MRI, CT scans)	<b>\$75</b>
<b>Outpatient Hospital</b>	<b>\$0 – \$245</b>
<b>Physical, Occupational, and Speech Therapy Sessions</b>	<b>\$30</b>
<b>Ambulance Services</b>	<b>\$315</b> per one-way trip
<b>Inpatient Hospital Stay</b> (Acute and Psychiatric)	<b>\$290</b> per day for days 1-7 <b>\$0</b> per day for days 8-90 <b>\$0</b> for each additional hospital day (Psychiatric Stay up to 190 day lifetime limit)
<b>Post-Discharge Meals ***</b> (for members with chronic conditions)	<b>\$0</b> 14 meals delivered
<b>Skilled Nursing Facility</b> (prior hospital stay not required)	<b>\$0</b> per day for days 1–20 <b>\$203</b> per day for days 21–100
<b>Medicare Part B Drugs</b> (injectable and infused drugs like chemo, etc.)	<b>20% coinsurance</b>
<b>Emergency Room Visit</b>	<b>\$120</b> (waived if admitted within 24 hours)
<b>Worldwide Emergency/ Urgent Coverage</b>	<b>\$50,000</b> annually; no deductible; cost sharing applies
<b>Diabetic Supplies</b> (Blood glucose meters and test strips†)	<b>\$0</b>
<b>Annual Routine Vision and Hearing Exam</b>	<b>\$0</b> Must use a TruHearing® network provider for routine hearing exam
<b>Hearing Aids</b>	<b>\$499/\$699/\$999</b> (One high-tech TruHearing branded hearing aid per ear, per year*)
<b>MOOP: (Maximum Out-Of-Pocket) Amount</b>	<b>\$5,100</b> in-network <b>\$7,500</b> combined in/out-of-network

**2024 PRESCRIPTION DRUG BENEFITS:**

<b>Part D Deductible</b>	All Tiers: You pay <b>\$0</b> deductible
<b>Part D Drug Copays/ Coinsurance</b> (These cost shares are for a 30-day supply)  (The Select Care Drug Tier includes drugs used to treat medication conditions common among seniors, like hypertension, high cholesterol and diabetes.)	At <b>PREFERRED</b> Cost-Sharing Pharmacies  <b>Tier 1</b> _Preferred Generic..... <b>\$4</b> <b>Tier 2</b> _Generic..... <b>\$13</b> <b>Tier 3</b> _Preferred Brand..... <b>\$40</b> <b>Tier 4</b> _Non-Preferred Drug..... <b>28%</b> <b>Tier 5</b> _Specialty..... <b>33%</b> <b>Tier 6</b> _Select Care Drugs..... <b>\$0</b> <b>Insulins</b> ..... <b>\$35</b>
<b>Part D Coverage Gap</b> (also known as the “donut hole”) Starts when total drug cost (what you and the plan spend) reaches <b>\$5,030</b> in 2024	You continue to pay <b>\$0</b> for Tier 6 (Select Care) and <b>\$35</b> for insulin. All other covered drugs – You pay <b>25%</b> of generic drug costs and <b>25%</b> of brand-name drug costs.
<b>Part D Catastrophic Coverage</b> Starts when your annual out-of-pocket cost reaches <b>\$8,000</b> in 2024	You pay nothing.

**UNDERSTANDING YOUR BLUE ADVANTAGE DRUG COVERAGE**

**A large pharmacy network**

There are more than 800 preferred pharmacies in Alabama that make it convenient for you to save money. Our Preferred pharmacy network includes Costco, Kroger, Publix, Sam’s, Walgreens, Walmart, Winn-Dixie and hundreds of local neighborhood pharmacies.

**Rx Savings Solutions service<sup>§</sup>**

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

**Home delivery pharmacy service**

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

**Visit [BCBSALMedicare.com/PreferredPharmacies](https://www.bcsalmedicare.com/PreferredPharmacies)**

for a list of Preferred Retail Pharmacies near you.

**Have questions about Blue Advantage® Complete (PPO) or need help enrolling?**

Call 1-888-627-4715 (TTY 711), 8 a.m. – 8 p.m.<sup>1</sup> Or visit us online at [BCBSALMedicare.com](https://www.bcsalmedicare.com) anytime!