



**BlueCross BlueShield
of Illinois**

**Blue Cross Medicare Advantage (HMO and HMO-POS)SM
Summary of Benefits**

January 1, 2014 - December 31, 2014

Introduction to the Summary of Benefits for Blue Cross Medicare Advantage BasicSM and Blue Cross Medicare Advantage Basic PlusSM and Blue Cross Medicare Advantage Premier PlusSM

January 1, 2014 – December 31, 2014

Thank you for your interest in Blue Cross Medicare Advantage. Our plans are offered by Health Care Service Corporation which is also called Blue Cross Blue Shield of Illinois, a Medicare Advantage Health Maintenance Organization (HMO), and a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS) that contracts with the Federal government.

This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Blue Cross Medicare Advantage and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare Plan. Another option is a Medicare health plan, like Blue Cross Medicare Advantage. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. You may join or leave a plan only at certain times. Please call Blue Cross Medicare Advantage at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Blue Cross Medicare Advantage and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS BLUE CROSS MEDICARE ADVANTAGE AVAILABLE?

There is more than one plan listed in this Summary of Benefits. The service area for this plan includes: Cook, DuPage, Kane, Will Counties IL. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN BLUE CROSS MEDICARE ADVANTAGE?

You can join Blue Cross Medicare Advantage if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Blue Cross Medicare Advantage unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Blue Cross Medicare Advantage has formed a network of doctors, specialists, and hospitals. For Blue Cross Medicare Advantage Basic, you can only use doctors who are part of our network. The health providers in our network can change at any time. For Blue Cross Medicare Advantage Basic Plus and Premier Plus, you can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at <http://www.mybluemapd.com>. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

For Blue Cross Medicare Advantage Basic, if you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care). For Blue Cross Medicare Advantage Basic Plus and Premier Plus, you are generally

restricted to a doctor who is part of our network. However, we will cover your care from any provider for emergency or urgently needed care. Also, our point of service benefit allows you to get care from providers not in our network under certain conditions. For more information, please call the customer service number listed at the end of this introduction.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Blue Cross Medicare Advantage has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.mybluemapd.com>. Our customer service number is listed at the end of this introduction.

Blue Cross Medicare Advantage has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

WHAT IF MY DOCTOR PRESCRIBES LESS THAN A MONTH'S SUPPLY?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand (and generic) drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Blue Cross Medicare Advantage does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Blue Cross Medicare Advantage uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.mybluemapd.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778;
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. As a member of Blue Cross Medicare Advantage, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Blue Cross Medicare Advantage, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need

a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy.

Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue Cross Medicare Advantage for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Blue Cross Medicare Advantage for more details.

- Some Antigenes: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin: By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you can find the Plan Ratings information by using the Find health & drug plans web tool on medicare.gov to compare the plan ratings for medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Blue Cross and Blue Shield of Illinois for more information about Blue Cross Medicare Advantage.

Visit us at <http://www.mybluemapd.com> or, call us:

Customer Service Hours for October 1 to February 14:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central

Customer Service Hours for February 15 to September 30:

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 8:00 p.m. Central

Current members should call toll-free 1-877-774-8592 for questions related to the Medicare Advantage Program. (TTY/TDD 711)

Prospective members should call toll-free 1-877-583-8129 for questions related to the Medicare Advantage Program. (TTY/TDD 711)

Current members should call locally 1-877-774-8592 for questions related to the Medicare Advantage Program. (TTY/TDD 711)

Prospective members should call locally 1-877-583-8129 for questions related to the Medicare Advantage Program. (TTY/TDD 711)

Current members should call toll-free 1-877-774-8592 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 711)

Prospective members should call toll-free 1-877-583-8129 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 711)

Current members should call locally 1-877-774-8592 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 711)

Prospective members should call locally 1-877-583-8129 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit <http://www.medicare.gov> on the web.

This document may be made available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al número que aparece arriba.

If you have any questions about this plan's benefits or costs, please contact Blue Cross Blue Shield of Illinois for details.

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
IMPORTANT INFORMATION				
1 - Premium and Other Important Information	<p>In 2013 the monthly Part B Premium was \$104.90 and may change for 2014 and the annual Part B deductible amount was \$147 and may change for 2014.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$3,400 out-of-pocket limit for Medicare-covered services.</p>	<p>General</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$3,800 out-of-pocket limit for Medicare-covered services.</p>	<p>General</p> <p>\$38 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$3,500 out-of-pocket limit for Medicare-covered services.</p>



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
<p>2 - Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits). Out of Service Area Plan covers you when you travel in the U.S. or its territories.</p>	<p>In-Network Referral required for network hospitals and specialists (for certain benefits). Out of Service Area Plan covers you when you travel in the U.S. or its territories.</p>	<p>In-Network Referral required for network hospitals and specialists (for certain benefits). Out of Service Area Plan covers you when you travel in the U.S. or its territories.</p>
INPATIENT CARE				
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2013 the amounts for each benefit period were: Days 1 - 60: \$1,184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day These amounts may change for 2014. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: Days 1 -7: \$225 copay per day Days 8 - 90: \$0 copay per day \$0 copay for additional non-Medicare-covered hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: Days 1 -7: \$250 copay per day Days 8 - 90: \$0 copay per day \$0 copay for additional non-Medicare-covered hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: Days 1 - 7: \$225 copay per day Days 8 - 90: \$0 copay per day \$0 copay for additional non-Medicare-covered hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services) (Cont'd)</p>	<p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p> <p>You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of benefit periods you can have.</p>			
<p>4 - Inpatient Mental Health Care</p>	<p>In 2013 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1,184 deductible</p> <p>Days 61 - 90: \$296 per day</p> <p>Days 91 - 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime.</p> <p>Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
4 - Inpatient Mental Health Care (Cont'd)		<p>In-Network</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$225 copay per day</p> <p>Days 8 - 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$210 copay per day</p> <p>Days 8 - 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$200 copay per day</p> <p>Days 8 - 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>In 2013 the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$148 per day</p> <p>These amounts may change for 2014.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <p>Days 1 - 7: \$0 copay per day</p> <p>Days 8 - 20: \$50 copay per day</p> <p>Days 21 - 100: \$100 copay per day</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <p>Days 1 - 7: \$0 copay per day</p> <p>Days 8 - 20: \$25 copay per day</p> <p>Days 21 - 100: \$125 copay per day</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <p>Days 1 - 7: \$0 copay per day</p> <p>Days 8 - 20: \$25 copay per day</p> <p>Days 21 - 100: \$125 copay per day</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility) (Cont'd)	<p>100 days for each benefit period. A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care.</p> <p>If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>			
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered home health visit</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered home health visit</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered home health visit</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
7 - Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.</p>
OUTPATIENT CARE				
8 - Doctor Office Visits	20% coinsurance	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$5 copay for each Medicare-covered primary care doctor visit.</p> <p>\$35 copay for each Medicare-covered specialist visit.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$10 copay for each Medicare-covered primary care doctor visit.</p> <p>\$45 copay for each Medicare-covered specialist visit.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$5 copay for each Medicare-covered primary care doctor visit.</p> <p>\$40 copay for each Medicare-covered specialist visit.</p>
9 - Chiropractic Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$20 copay for each Medicare-covered chiropractic visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$20 copay for each Medicare-covered chiropractic visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$20 copay for each Medicare-covered chiropractic visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
10 - Podiatry Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered podiatry visit Medicare-covered podiatry visits are for medically necessary foot care.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for each Medicare-covered podiatry visit Medicare-covered podiatry visits are for medically necessary foot care.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for each Medicare-covered podiatry visit Medicare-covered podiatry visits are for medically necessary foot care.</p>
11 - Outpatient Mental Health Care	<p>20% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered individual therapy visit \$35 copay for each Medicare-covered group therapy visit \$35 copay for each Medicare-covered individual therapy visit with a psychiatrist \$35 copay for each Medicare-covered group therapy visit with a psychiatrist \$30 copay for Medicare-covered partial hospitalization program services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered individual therapy visit \$35 copay for each Medicare-covered group therapy visit \$40 copay for each Medicare-covered individual therapy visit with a psychiatrist \$40 copay for each Medicare-covered group therapy visit with a psychiatrist \$40 copay for Medicare-covered partial hospitalization program services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered individual therapy visit \$35 copay for each Medicare-covered group therapy visit \$40 copay for each Medicare-covered individual therapy visit with a psychiatrist \$40 copay for each Medicare-covered group therapy visit with a psychiatrist \$40 copay for Medicare-covered partial hospitalization program services</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
12 - Outpatient Substance Abuse Care	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for Medicare-covered individual substance abuse outpatient treatment visits \$100 copay for Medicare-covered group substance abuse outpatient treatment visits</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for Medicare-covered individual substance abuse outpatient treatment visits \$100 copay for Medicare-covered group substance abuse outpatient treatment visits</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for Medicare-covered individual substance abuse outpatient treatment visits \$100 copay for Medicare-covered group substance abuse outpatient treatment visits</p>
13 - Outpatient Services	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$200 copay for each Medicare-covered ambulatory surgical center visit \$200 copay for each Medicare-covered outpatient hospital facility visit</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$300 copay for each Medicare-covered ambulatory surgical center visit \$300 copay for each Medicare-covered outpatient hospital facility visit</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit \$250 copay for each Medicare-covered outpatient hospital facility visit</p>
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$200 copay for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$200 copay for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$200 copay for Medicare-covered ambulance benefits.</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
<p>15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the urgently-needed-care visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$30 copay for Medicare-covered urgently-needed-care visits</p>	<p>General</p> <p>\$30 copay for Medicare-covered urgently-needed-care visits</p>	<p>General</p> <p>\$30 copay for Medicare-covered urgently-needed-care visits</p>



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.	<p>General Authorization rules may apply. Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network \$35 copay for Medicare-covered Occupational Therapy visits \$35 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits</p>	<p>General Authorization rules may apply. Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network \$35 copay for Medicare-covered Occupational Therapy visits \$40 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits</p>	<p>General Authorization rules may apply. Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network \$35 copay for Medicare-covered Occupational Therapy visits \$40 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES				
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered durable medical equipment</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered durable medical equipment</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered durable medical equipment</p>
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered prosthetic devices 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered prosthetic devices 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered prosthetic devices 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices</p>



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
20 - Diabetes Programs and Supplies	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Diabetes self-management training</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies • Therapeutic shoes or inserts 	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Diabetes self-management training</p> <p>20% of the cost for Medicare-covered Diabetes monitoring supplies</p> <p>20% of the cost for Medicare-covered Therapeutic shoes or inserts</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Diabetes self-management training</p> <p>20% of the cost for Medicare-covered Diabetes monitoring supplies</p> <p>20% of the cost for Medicare-covered Therapeutic shoes or inserts</p>
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and X-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services</p> <p>\$50 copay for Medicare-covered diagnostic procedures and tests</p> <p>\$0 copay for Medicare-covered X-rays</p> <p>\$150 copay for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services</p> <p>\$50 copay for Medicare-covered diagnostic procedures and tests</p> <p>\$0 copay for Medicare-covered X-rays</p> <p>\$200 copay for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services</p> <p>\$50 copay for Medicare-covered diagnostic procedures and tests</p> <p>\$0 copay for Medicare-covered X-rays</p> <p>\$200 copay for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
22 - Cardiac and Pulmonary Rehabilitation Services	20% coinsurance for Cardiac Rehabilitation services 20% coinsurance for Pulmonary Rehabilitation services 20% coinsurance for Intensive Cardiac Rehabilitation services	General Authorization rules may apply. In-Network \$30 copay for Medicare-covered Cardiac Rehabilitation Services \$30 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$30 copay for Medicare-covered Pulmonary Rehabilitation Services	General Authorization rules may apply. In-Network \$40 copay for Medicare-covered Cardiac Rehabilitation Services \$40 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$40 copay for Medicare-covered Pulmonary Rehabilitation Services	General Authorization rules may apply. In-Network \$40 copay for Medicare-covered Cardiac Rehabilitation Services \$40 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$40 copay for Medicare-covered Pulmonary Rehabilitation Services
PREVENTIVE SERVICES				
23 - Preventive Services	No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. Cardiovascular Screening Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. Colorectal Cancer Screening Diabetes Screening 	General Authorization rules may apply. \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. Authorization rules may apply. In-Network \$0 copay for a supplemental annual physical exam	General Authorization rules may apply. \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. Authorization rules may apply. In-Network \$0 copay for a supplemental annual physical exam	General Authorization rules may apply. \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. Authorization rules may apply. In-Network \$0 copay for a supplemental annual physical exam

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
23 - Preventive Services (Cont'd)	<ul style="list-style-type: none"> • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. 			



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
23 - Preventive Services (Cont'd)	<ul style="list-style-type: none"> • Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening • Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. 			

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
23 - Preventive Services (Cont'd)	<ul style="list-style-type: none"> • Screening and behavioral counseling interventions in primary care to reduce alcohol misuse • Screening for depression in adults • Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs • Intensive behavioral counseling for Cardiovascular Disease (bi-annual) • Intensive behavioral therapy for obesity • Welcome to Medicare Preventive Visits (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 			



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
24 - Kidney Disease and Conditions	20% coinsurance for renal dialysis 20% coinsurance for kidney disease education services	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered renal dialysis \$0 copay for Medicare-covered kidney disease education services</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered renal dialysis \$0 copay for Medicare-covered kidney disease education services</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered renal dialysis \$0 copay for Medicare-covered kidney disease education services</p>

PRESCRIPTION DRUG BENEFITS

Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.mybluemapd.com on the web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, <p>or</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.mybluemapd.com on the web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, <p>or</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.mybluemapd.com on the web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, <p>or</p>
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Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Outpatient Prescription Drugs (Cont'd)		<ul style="list-style-type: none"> • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross Medicare Advantage Basic (HMO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network.</p> <p>These drugs are listed on the plan's website, formulary, printed</p>	<ul style="list-style-type: none"> • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross Medicare Advantage Basic Plus (HMO-POS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network.</p> <p>These drugs are listed on the plan's website, formulary, printed</p>	<ul style="list-style-type: none"> • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross Medicare Advantage Premier Plus (HMO-POS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network.</p> <p>These drugs are listed on the plan's website, formulary, printed</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Outpatient Prescription Drugs (Cont'd)		<p>materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Blue Cross Medicare Advantage Basic (HMO) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,850:</p> <p>Retail Pharmacy Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs from a preferred and non-preferred pharmacy the following way(s):</p> <p>Tier 1: Preferred Generic \$0 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p>	<p>materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Blue Cross Medicare Advantage Basic Plus (HMO-POS) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,850:</p> <p>Retail Pharmacy Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs from a preferred and non-preferred pharmacy the following way(s):</p> <p>Tier 1: Preferred Generic \$0 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p>	<p>materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Blue Cross Medicare Advantage Premier Plus (HMO-POS) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,850:</p> <p>Retail Pharmacy Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs from a preferred and non-preferred pharmacy the following way(s):</p> <p>Tier 1: Preferred Generic \$0 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p>



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Outpatient Prescription Drugs (Cont'd)		<p>\$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>\$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 2: Non-Preferred Generic</p> <p>\$2 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$5 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>\$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 3: Preferred Brand</p> <p>\$39 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$97.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$44 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p>	<p>\$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>\$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 2: Non-Preferred Generic</p> <p>\$2 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$5 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>\$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 3: Preferred Brand</p> <p>\$39 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$97.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$44 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p>	<p>\$0 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>\$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 2: Non-Preferred Generic</p> <p>\$2 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$5 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>\$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 3: Preferred Brand</p> <p>\$39 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$97.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$44 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Outpatient Prescription Drugs (Cont'd)		<p>\$132 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 4: Non-Preferred Brand</p> <p>\$85 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$212.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$95 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>\$285 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 5: Specialty Tier</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p>	<p>\$132 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 4: Non-Preferred Brand</p> <p>\$85 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$212.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$95 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>\$285 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 5: Specialty Tier</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p>	<p>\$132 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 4: Non-Preferred Brand</p> <p>\$85 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$212.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>\$95 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>\$285 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Tier 5: Specialty Tier</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Outpatient Prescription Drugs (Cont'd)		<p>33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Long Term Care Pharmacy</p> <p>Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic</p> <p>\$5 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic</p> <p>\$7 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand</p> <p>\$44 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand</p> <p>\$95 copay for a one-month (31-day) supply of drugs in this tier</p>	<p>33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Long Term Care Pharmacy</p> <p>Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic</p> <p>\$5 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic</p> <p>\$7 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand</p> <p>\$44 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand</p> <p>\$95 copay for a one-month (31-day) supply of drugs in this tier</p>	<p>33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Long Term Care Pharmacy</p> <p>Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic</p> <p>\$5 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic</p> <p>\$7 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand</p> <p>\$44 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand</p> <p>\$95 copay for a one-month (31-day) supply of drugs in this tier</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Outpatient Prescription Drugs (Cont'd)		<p>Tier 5: Specialty Tier 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic \$12.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic \$17.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand \$110 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand \$237.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach \$2,850, you receive limited coverage by the plan on certain drugs. You will also receive a</p>	<p>Tier 5: Specialty Tier 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic \$12.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic \$17.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand \$110 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand \$237.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach \$2,850, you receive limited coverage by the plan on certain drugs. You will also receive a</p>	<p>Tier 5: Specialty Tier 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic \$12.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic \$17.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand \$110 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand \$237.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach \$2,850, you receive limited coverage by the plan on certain drugs. You will also receive a</p>



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Outpatient Prescription Drugs (Cont'd)		<p>discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: 5% coinsurance, or \$2.55 copay for generic (including brand drugs treated as generic) and a \$6.35 copay or all other drugs.</p> <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Cross Medicare Advantage Basic (HMO).</p>	<p>discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: 5% coinsurance, or \$2.55 copay for generic (including brand drugs treated as generic) and a \$6.35 copay or all other drugs.</p> <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Cross Medicare Advantage Basic Plus (HMO-POS).</p>	<p>discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: 5% coinsurance, or \$2.55 copay for generic (including brand drugs treated as generic) and a \$6.35 copay or all other drugs.</p> <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Cross Medicare Advantage Premier Plus (HMO-POS).</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Outpatient Prescription Drugs (Cont'd)		<p>You can get out-of-network drugs the following way:</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,850:</p> <p>Tier 1: Preferred Generic</p> <p>\$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand</p> <p>\$44 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand</p> <p>\$95 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap</p> <p>You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-</p>	<p>You can get out-of-network drugs the following way:</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,850:</p> <p>Tier 1: Preferred Generic</p> <p>\$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand</p> <p>\$44 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand</p> <p>\$95 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap</p> <p>You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-</p>	<p>You can get out-of-network drugs the following way:</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,850:</p> <p>Tier 1: Preferred Generic</p> <p>\$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand</p> <p>\$44 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand</p> <p>\$95 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap</p> <p>You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-</p>



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Outpatient Prescription Drugs (Cont'd)		<p>network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: 5% coinsurance, or \$2.55 copay for generic (including brand drugs treated as generic) and a \$6.35 copay for all other drugs.</p>	<p>network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: 5% coinsurance, or \$2.55 copay for generic (including brand drugs treated as generic) and a \$6.35 copay for all other drugs.</p>	<p>network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: 5% coinsurance, or \$2.55 copay for generic (including brand drugs treated as generic) and a \$6.35 copay for all other drugs.</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES				
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$35 copay for Medicare-covered dental benefits</p>	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$45 copay for Medicare-covered dental benefits</p>	<p>In-Network</p> <p>\$45 copay for Medicare-covered dental benefits</p> <p>\$5 copay for a supplemental visit that includes:</p> <ul style="list-style-type: none"> • up to 2 oral exam(s) every year • up to 2 cleaning(s) every year • up to 1 dental X-ray(s) every year
27 - Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • up to 1 fitting-evaluation(s) for a supplemental hearing aid every year <p>\$0 copay for supplemental hearing aids.</p> <p>\$5 copay for Medicare-covered diagnostic hearing exams</p> <p>\$5 copay for up to 1 supplemental routine hearing exam(s) every year</p> <p>\$400 plan coverage limit for supplemental hearing aids every three years.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • up to 1 fitting-evaluation(s) for a supplemental hearing aid every year <p>\$5 copay for Medicare-covered diagnostic hearing exams</p> <p>\$5 copay for up to 1 supplemental routine hearing exam(s) every year</p> <p>\$0 copay per supplemental hearing aid</p> <p>\$400 plan coverage limit for supplemental hearing aids every three years.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • up to 1 fitting-evaluation(s) for a supplemental hearing aid every year <p>\$5 copay for Medicare-covered diagnostic hearing exams</p> <p>\$5 copay for up to 1 supplemental routine hearing exam(s) every year</p> <p>\$0 copay per supplemental hearing aid</p> <p>\$1,000 plan coverage limit for supplemental hearing aids every three years.</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
28 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network</p> <p>This plan offers only Medicare-covered eye care and eyewear</p> <p>\$0 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>\$35 copay for one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>\$10 copay for up to 1 supplemental routine eye exam(s) every year</p> <p>\$0 copay for :</p> <p>One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> • contact lenses • eyeglass frames <p>\$25 copay for eyeglass lenses</p> <p>\$100 plan coverage limit for supplemental eyewear every two years</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>\$10 copay for up to 1 supplemental routine eye exam(s) every year</p> <p>\$0 copay for :</p> <p>One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> • contact lenses • eyeglass frames <p>\$25 copay for eyeglass lenses</p> <p>\$100 plan coverage limit for supplemental eyewear every two years</p>

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Wellness/ Education and Other Supplemental Benefits & Services	Not covered.	In-Network The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> • Health Club Membership/ Fitness Classes 	In-Network The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> • Health Club Membership/ Fitness Classes 	In-Network The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> • Health Club Membership/ Fitness Classes
Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	In-Network This plan does not cover supplemental routine transportation.	In-Network This plan does not cover supplemental routine transportation.	In-Network This plan does not cover supplemental routine transportation.
Acupuncture and Other Alternative Therapies	Not covered.	In-Network This plan does not cover Acupuncture and other alternative therapies.	In-Network This plan does not cover Acupuncture and other alternative therapies.	In-Network This plan does not cover Acupuncture and other alternative therapies.
Point of Service	You may go to any doctor, specialist or hospital that accepts Medicare.		Out-of-Network Point of Service coverage is available for the following benefits: Medicare-covered <ul style="list-style-type: none"> • Inpatient Hospital Acute • Inpatient Hospital Psychiatric • Skilled Nursing Facility (SNF) • Cardiac Rehabilitation Services 	Out-of-Network Point of Service coverage is available for the following benefits: Medicare-covered <ul style="list-style-type: none"> • Inpatient Hospital Acute • Inpatient Hospital Psychiatric • Skilled Nursing Facility (SNF) • Cardiac Rehabilitation Services

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Point of Service (Cont'd)			<ul style="list-style-type: none"> • Intensive Cardiac Rehabilitation Services • Pulmonary Rehabilitation Services • Partial Hospitalization • Home Health Services • Primary Care Physician Services • Chiropractic Services • Occupational Therapy Services • Physician Specialist Services • Mental Health Specialty Services • Podiatry Services • Other Health Care Professional • Psychiatric Services • Physical Therapy and Speech-Language Pathology Services • Diagnostic Procedures/Tests • Laboratory Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Outpatient Hospital Services • Ambulatory Surgical Center (ASC) Services 	<ul style="list-style-type: none"> • Intensive Cardiac Rehabilitation Services • Pulmonary Rehabilitation Services • Partial Hospitalization • Home Health Services • Primary Care Physician Services • Chiropractic Services • Occupational Therapy Services • Physician Specialist Services • Mental Health Specialty Services • Podiatry Services • Other Health Care Professional • Psychiatric Services • Physical Therapy and Speech-Language Pathology Services • Diagnostic Procedures/Tests • Laboratory Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Outpatient Hospital Services • Ambulatory Surgical Center (ASC) Services



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Point of Service (Cont'd)			<ul style="list-style-type: none"> • Outpatient Substance Abuse • Outpatient Blood Services • Ambulance Services • Durable Medical Equipment (DME) • Prosthetics/Medical Supplies • Diabetic Supplies and Services • End-Stage Renal Disease • Kidney Disease Education Services • Diabetes Self-Management Training • Medicare Part B Rx Drugs • Comprehensive Dental • Eye Exams • Eyewear • Hearing Exams <p>\$400 copay per Medicare-covered hospital day.</p> <p>\$400 copay per Medicare-covered Inpatient Psychiatric Hospital day.</p> <p>40% of the cost for each Medicare-covered SNF stay.</p> <p>40% of the cost for Medicare-covered</p> <ul style="list-style-type: none"> • Cardiac Rehabilitation Services • Intensive Cardiac Rehabilitation Services 	<ul style="list-style-type: none"> • Outpatient Substance Abuse • Outpatient Blood Services • Ambulance Services • Durable Medical Equipment (DME) • Prosthetics/Medical Supplies • Diabetic Supplies and Services • End-Stage Renal Disease • Kidney Disease Education Services • Diabetes Self-Management Training • Medicare Part B Rx Drugs • Comprehensive Dental • Eye Exams • Eyewear • Hearing Exams <p>\$400 copay per Medicare-covered hospital day.</p> <p>\$400 copay per Medicare-covered Inpatient Psychiatric Hospital day.</p> <p>40% of the cost for each Medicare-covered SNF stay.</p> <p>40% of the cost for Medicare-covered</p> <ul style="list-style-type: none"> • Cardiac Rehabilitation Services • Intensive Cardiac Rehabilitation Services

Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Point of Service (Cont'd)			<ul style="list-style-type: none"> • Pulmonary Rehabilitation Services • Partial Hospitalization • Home Health Services • Chiropractic Services • Occupational Therapy Services • Mental Health Specialty Services • Podiatry Services • Other Health Care Professional • Psychiatric Services • Physical Therapy and Speech-Language Pathology Services • Diagnostic Procedures/Tests • Laboratory Services • Therapeutic Radiological Services • Outpatient X-Rays • Outpatient Hospital Services • Ambulatory Surgical Center (ASC) Services • Outpatient Substance Abuse • Outpatient Blood Services • Durable Medical Equipment (DME) • Prosthetics/Medical Supplies • Diabetic Supplies and Services 	<ul style="list-style-type: none"> • Pulmonary Rehabilitation Services • Partial Hospitalization • Home Health Services • Chiropractic Services • Occupational Therapy Services • Mental Health Specialty Services • Podiatry Services • Other Health Care Professional • Psychiatric Services • Physical Therapy and Speech-Language Pathology Services • Diagnostic Procedures/Tests • Laboratory Services • Therapeutic Radiological Services • Outpatient X-Rays • Outpatient Hospital Services • Ambulatory Surgical Center (ASC) Services • Outpatient Substance Abuse • Outpatient Blood Services • Durable Medical Equipment (DME) • Prosthetics/Medical Supplies • Diabetic Supplies and Services



Benefit	Original Medicare	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Point of Service (Cont'd)			<ul style="list-style-type: none"> • Kidney Disease Education Services • Diabetes Self-Management Training • Medicare Part B Rx Drugs • Comprehensive Dental • Eye Exams • Eyewear • Hearing Exams <p>\$400 copay for Medicare-covered</p> <ul style="list-style-type: none"> • Diagnostic Radiological Services <p>\$200 copay for Medicare-covered</p> <ul style="list-style-type: none"> • Ambulance Services <p>20% of the cost for Medicare-covered</p> <ul style="list-style-type: none"> • End-Stage Renal Disease <p>\$75 copay for Medicare-covered</p> <ul style="list-style-type: none"> • Primary Care Physician Services • Physician Specialist Service 	<ul style="list-style-type: none"> • Kidney Disease Education Services • Diabetes Self-Management Training • Medicare Part B Rx Drugs • Comprehensive Dental • Eye Exams • Eyewear • Hearing Exams <p>\$400 copay for Medicare-covered</p> <ul style="list-style-type: none"> • Diagnostic Radiological Services <p>\$200 copay for Medicare-covered</p> <ul style="list-style-type: none"> • Ambulance Services <p>20% of the cost for Medicare-covered</p> <ul style="list-style-type: none"> • End-Stage Renal Disease <p>\$75 copay for Medicare-covered</p> <ul style="list-style-type: none"> • Primary Care Physician Services • Physician Specialist Services



Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-774-8592. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-774-8592. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-877-774-8592。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-774-8592。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-774-8592. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-774-8592. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-774-8592 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-774-8592. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-774-8592 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-774-8592. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1-877-774-2958. سيقوم شخص ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-774-8592 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-774-8592. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-774-8592. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-774-8592. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-774-8592. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-774-8592 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



**BlueCross BlueShield
of Illinois**

Plans available in Cook, DuPage, Kane and Will counties.

HMO and HMO-POS plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract.

Enrollment in HCSC's plans depends on contract renewal.

