

**You have plans in life.  
We have plans to help  
you keep them.**

# **2022 Medicare Coverage Options**



**BlueCross BlueShield  
of Alabama**

*We cover what matters.*



## We make filling the gaps in Medicare coverage EASY for our friends and neighbors.



Many Americans look to the Original Medicare program for their health insurance needs once they turn 65 — and Alabamians are no different. But as good as it is, Original Medicare alone won't cover all of your health insurance expenses. It only covers about 80% of your healthcare bills, and you are responsible for the rest.

**Gaps in your Medicare coverage can be costly.** Deductibles, copays and coinsurance that Original Medicare alone doesn't pay could easily add up to thousands of dollars in expenses. That's why many Alabamians with Medicare choose to get extra coverage through Blue Cross and Blue Shield of Alabama. Since everyone's needs are different, Blue Cross offers three different types of plans. One is sure to be right for you.

The individual who may be discussing plan options with you is employed by or is an agent of Blue Cross and Blue Shield of Alabama and may be compensated if you choose to enroll. For marketing appointments, the Centers for Medicare & Medicaid Services (CMS) requires a scope of appointment prior to presenting plan options. The plan options to review are:

**Blue Advantage**  
A Medicare Approved PPO

**C Plus**  
A Medicare Select Plan

**BlueRx**  
A Medicare Approved Part D Plan

**Blue Advantage® (PPO)** is a Medicare-approved PPO plan. Enrollment in Blue Advantage depends on CMS contract renewal.

**C Plus<sup>SM</sup>** is a Medicare Select Plan.

**BlueRx<sup>SM</sup>** is a Medicare-approved Part D plan. Enrollment in BlueRx depends on CMS contract renewal.

# The Basics of Medicare



Medicare is a federal program that provides health insurance for people 65 or older — and for younger individuals who may qualify because of special circumstances. It includes four different parts that each cover a different type of care. **Original Medicare consists of PART A (hospital coverage) and PART B (medical coverage).**

## Eligibility

### You qualify for full Medicare benefits at age 65 or older if:

- You are a U.S. citizen or permanent legal resident who has lived in the United States for at least five years and are eligible for Social Security.

### You qualify for full Medicare benefits under age 65 if:

- You have received Social Security disability benefits for at least two years; **OR**
- You receive a disability pension from the Railroad Retirement Board; **OR**
- You have Lou Gehrig's disease (amyotrophic lateral sclerosis or ALS); **OR**
- You have End Stage Renal Disease (ESRD) requiring regular dialysis or a kidney transplant.

## Medicare Enrollment Periods

*(when you can change plans or join for the first time)*

### Annual Election Period (Every Year)

- This occurs every year from October 15 through December 7. You can join or switch your Medicare health and prescription drug plan(s) for the upcoming year.

### Initial Enrollment Period (Turning 65)

- This 7-month period starts three months before your birth month, and continues for three months after you turn 65. This is when most people sign up for the first time.

### Special Enrollment Period (Special Circumstances)

- When certain events happen in your life — if you move or lose employer group coverage when you retire past age 65 — you may qualify for a Special Enrollment Period. This allows you to change or obtain your initial coverage outside of the Annual Election Period.

## Parts of Medicare

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### ORIGINAL MEDICARE

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#### **PART A (Hospital Coverage):**

Helps cover inpatient care in hospitals and skilled nursing facilities, hospice and home healthcare. Part A is free for most, but you'll have deductibles and coinsurance costs to cover.



#### **PART B (Medical Coverage):**

Helps cover doctor visits, diagnostic tests, outpatient procedures and many preventive services. It also covers some medical supplies, like wheelchairs and walkers. Medicare charges a monthly premium for Part B, and you'll have deductibles and coinsurance costs to cover.

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### ADDITIONAL MEDICARE INSURANCE

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#### **PART C (Medicare Advantage Plans):**

Combines all the benefits and services of Original Medicare (Parts A and B) and usually Part D (prescription drugs) in one plan. Medicare Advantage plans may also provide extra benefits for dental, vision, hearing and fitness. They are offered through private insurance companies like Blue Cross.



#### **PART D (Prescription Drug Coverage):**

Helps cover some of your prescription drug costs. You can get Part D coverage through a Medicare Advantage plan that includes prescription coverage (MAPD) or by enrolling in a stand-alone drug plan (PDP). These plans are offered through private insurance companies like Blue Cross.



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#### **MEDICARE SUPPLEMENT/SELECT PLANS (Medigap):**

Although not part of the federal Medicare program, these plans are another option for supplementing your Original Medicare coverage. Medigap plans help cover the hospital and medical deductibles, copays and coinsurance that Medicare leaves for you to pay.

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# Choose Your Medicare Plan

## STEP 1: Start with Original Medicare



### PART A

(Hospital Coverage)



### PART B

(Medical Coverage)

## STEP 2: Then decide which Blue Cross option is best for you

### OPTION 1



### PART C

(Medicare Advantage Plan)

**Blue Advantage**  
A Medicare Approved PPO

Blue Advantage (PPO) provides both **health and prescription drug coverage**. It's an excellent choice for people who want one plan that does it all. [See pages 7 – 12 for more information.](#)

### OPTION 2



### MEDIGAP PLAN

(Medicare Select Insurance Plan)

**CPlus**<sup>SM</sup>  
A Medicare Select Plan

C Plus Medicare Select plans work hand-in-hand with Original Medicare, picking up as a supplement where Medicare leaves off. **Add a BlueRx (PDP) plan for more complete protection.** [See pages 13 – 16 for more information.](#)

AND/OR



### MEDICARE PART D

(Prescription Drug Plan)

**BlueRx**<sup>SM</sup>  
A Medicare Approved Part D Plan

BlueRx (PDP) provides prescription drug coverage only. It can be purchased as a stand-alone plan, or **paired with a C Plus plan for more comprehensive coverage.** [See pages 17 – 19 for more information.](#)

## Understanding How Medicare Part D Prescription Drug Coverage Works

Medicare Part D helps pay for the prescription drugs you use. This coverage is not automatic — you decide whether to enroll in a private Medicare Part D plan. You can buy a separate policy just for drugs, called a Prescription Drug Plan (PDP). Or you can get your Medicare Part D coverage through a Medicare Advantage plan (most include health and prescription benefits).

**Medicare's 2022 standard prescription drug benefit includes 4 phases of coverage:**

### PHASE 1: Yearly Deductible Phase

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

**YOU PAY ALL  
DRUG COSTS**

### PHASE 2: Initial Coverage

Once you've met your annual deductible, you move into the INITIAL COVERAGE phase. During this phase, you share costs with the plan — *through copays or coinsurance*. You remain in this payment phase until the shared total (what you AND Blue Cross pay) reaches a combined total of **\$4,430**.

**YOU & YOUR  
PLAN SHARE  
DRUG COSTS**

### PHASE 3: Coverage Gap (or "Donut Hole")

Once you (and Blue Cross) together have reached a combined total drug cost spend of **\$4,430**, you enter the COVERAGE GAP. During this payment phase in 2022, you'll pay **25%** of generic drug costs and **25%** of brand name drugs. You remain in the "Donut Hole" until your personal total out-of-pocket costs reach **\$7,050**.

**YOU PAY 25% OF  
GENERIC & BRAND  
DRUG COSTS**

### PHASE 4: Catastrophic Coverage

Once your total out-of-pocket costs reach **\$7,050**, you move into the CATASTROPHIC phase. In this phase, you pay a small copay or coinsurance and Blue Cross pays the rest. For 2022 you'll pay **\$3.95** for generic drugs/**\$9.85** for all other drugs, or **5%** of the drug cost, whichever is higher. You remain in this final phase through the remainder of the calendar year.

**YOU PAY A LITTLE  
& YOUR PLAN  
PAYS THE REST**

#### **YOU MAY QUALIFY FOR EXTRA HELP TO PAY FOR YOUR PRESCRIPTION DRUG PLAN.**

People with limited income and resources may qualify for extra help to lower their prescription drug costs. If you qualify, your monthly plan premium will be lower, your copays will be lower, and you will have no coverage gap. Many people are eligible for these savings and don't realize it.

#### **To see if you qualify for extra help, you can call:**

**Medicare:** 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048\*\*

**Social Security Administration:** 1-800-772-1213; TTY: 1-800-325-0778

**Alabama Medicaid Agency:** 1-800-362-1504; TTY: 1-800-253-0799

## OPTION 1: Medicare Advantage Plan



### PART C

(Medicare Advantage Plan)

## Get the security you want with our all-in-one plan.

Medicare works with private insurance companies like Blue Cross and Blue Shield of Alabama to provide Medicare Advantage plans. These Part C plans give you different ways to get your healthcare and prescription drug coverage. Blue Advantage includes all Original Medicare (Parts A and B) benefits, along with Medicare Part D prescription drug coverage and many extra benefits.

### Here are some of the great highlights of Blue Advantage:

- ✓ Choice of plans, including **\$0** premium option
- ✓ **\$1,000/\$1,200** annual preventive and comprehensive dental allowance (*Complete/Premier plans*)
- ✓ Prescription drug copays as low as **\$0**
- ✓ Large provider network — 100% of Alabama hospitals and over 90% of doctors
- ✓ No referral required for network doctors, specialists or hospitals
- ✓ **\$0** copay for annual routine vision exam and **\$100** annual prescription eyewear allowance
- ✓ **\$0** copay for annual routine hearing exam and hearing aid discounts available through a TruHearing provider
- ✓ Telehealth with copays as low as **\$5**
- ✓ Worldwide emergency/urgent coverage — up to **\$50,000** annually\*\*
- ✓ Insulin Savings Program — pay as little as **\$28** per month for select insulins
- ✓ Free SilverSneakers® fitness membership
- ✓ Post-discharge home-delivered meals for members with chronic conditions\*
- ✓ **24-hour** Nurse Hotline
- ✓ Member Wellness Rewards Program — earn gift cards for completing healthy activities
- ✓ Blue Advantage Visitor and Travel Program

### ELIGIBILITY REQUIREMENTS

You can enroll in Blue Advantage (PPO) if you are both:

- An Alabama resident
- Enrolled in Medicare Part A and Part B

\*You may qualify for a maximum of 14 home-delivered meals from an approved vendor upon each hospital discharge when diagnosed with a minimum of two of the following chronic conditions: COPD, Congestive Heart Failure, Diabetes, Rheumatoid Arthritis or Vascular Disease.





2022 MONTHLY PLAN PREMIUM	Blue Advantage COMPLETE	Blue Advantage PREMIER
	<b>\$0</b>	<b>\$171</b>
<b>Primary Care Doctor</b> <i>(copay per visit)</i>	<b>\$5</b>	<b>\$5</b>
<b>Specialist</b> <i>(copay per visit)</i>	<b>\$40</b>	<b>\$25</b>
<b>Telehealth</b> <i>(copay per visit)</i>	<b>\$5 – \$55</b>	<b>\$5 – \$55</b>
<b>Lab Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-rays</b>	<b>\$15</b>	<b>\$5</b>
<b>Diagnostic Radiology</b> <i>(MRI, CT scans)</i>	<b>\$75</b>	<b>\$25</b>
<b>Outpatient Hospital</b>	<b>\$0 – \$250</b>	<b>\$0 – \$150</b>
<b>Physical, Occupational, and Speech Therapy Sessions</b>	<b>\$30</b>	<b>\$20</b>
<b>Ambulance Services</b>	<b>\$275</b> per one-way trip	<b>\$150</b> per one-way trip
<b>Inpatient Hospital Stay</b> <i>(Acute)</i>	Days 1-7: <b>\$290</b> copay per day Days 8-90: <b>\$0</b> copay per day <b>\$0</b> copay for each additional hospital day	Days 1-5: <b>\$175</b> copay per day Days 6-90: <b>\$0</b> copay per day <b>\$0</b> copay for each additional hospital day
<b>Inpatient Hospital Stay</b> <i>(Psychiatric)</i>	<b>\$265</b> per day for days 1 – 7; <b>\$0</b> for days 8 – 90; <b>\$0</b> copay for each additional hospital day, up to the 190 day lifetime limit	<b>\$175</b> per day for days 1 – 5; <b>\$0</b> for days 6 – 90; <b>\$0</b> copay for each additional hospital day, up to the 190 day lifetime limit
<b>Post-Discharge Meals</b> <i>(for members with two of the following chronic conditions: COPD, diabetes, CHF, vascular disease, rheumatoid arthritis)</i>	<b>\$0</b> 14 meals delivered	<b>\$0</b> 14 meals delivered
<b>Skilled Nursing Facility</b> <i>(prior hospital stay not required)</i>	<b>\$0</b> per day for days 1 – 20; <b>\$188</b> per day for days 21 – 100	<b>\$0</b> per day for days 1 – 20; <b>\$100</b> per day for days 21 – 55; <b>\$0</b> per day for days 56 – 100
<b>Medicare Part B Drugs</b> <i>(injectable and infused drugs like chemo, etc.)</i>	<b>20%</b>	<b>20%</b>
<b>Emergency Room Visit</b>	<b>\$90</b> <i>(waived if admitted within 24 hours)</i>	<b>\$120</b> <i>(waived if admitted within 24 hours)</i>
<b>Worldwide Emergency/Urgent Coverage</b>	<b>\$50,000</b> annually; no deductible; cost sharing applies	<b>\$50,000</b> annually; no deductible; cost sharing applies
<b>Insulin Savings Program</b>	<b>\$28</b> per month for select insulins <i>(preferred pharmacies)</i>	<b>\$28</b> per month for select insulins <i>(preferred pharmacies)</i>

You must continue to pay your Medicare Part B premium. The benefits shown above and on chart at right represent Medicare-covered services at the in-network level of coverage unless otherwise stated. Please refer to the Evidence of Coverage for a listing of additional benefits. Contact the plan for more detailed information.



2022 Plan Benefits cont'd.	Blue Advantage COMPLETE	Blue Advantage PREMIER
<b>Diabetic Supplies</b> ( <i>Blood glucose meters and test strips*</i> )	<b>\$0</b>	<b>\$0</b>
<b>Comprehensive and Preventive Dental Allowance</b>	<b>\$1,000</b> per calendar year	<b>\$1,200</b> per calendar year
<b>Annual Routine Vision and Hearing Exam</b>	<b>\$0</b> <i>Must use a TruHearing® network provider for hearing exam</i>	<b>\$0</b> <i>Must use a TruHearing® network provider for hearing exam</i>
<b>Eyewear Allowance</b>	<b>\$100</b> per calendar year	<b>\$100</b> per calendar year
<b>Hearing Aids</b>	<b>\$699/\$999</b> <i>(One high-tech TruHearing branded hearing aid per ear, per year)</i>	<b>\$699/\$999</b> <i>(One high-tech TruHearing branded hearing aid per ear, per year)</i>
<b>MOOP: (Maximum Out-Of-Pocket) Amount</b>	<b>\$5,100</b> in-network; <b>\$7,500</b> combined in/out-of-network	<b>\$3,400</b> in-network; <b>\$5,100</b> combined in/out-of-network

\*Only the Ascensia (Contour) and LifeScan (OneTouch) blood glucose meters and test strips are covered. Test trips are limited to 204 per 30 days.

## You're protected against runaway medical bills...

### What's a Blue Advantage **MOOP**?

MOOP — which stands for Maximum Out-of-Pocket limit — puts an annual cap on what you pay out-of-pocket for medical expenses in a year. Some Medicare Advantage plans set their MOOP as high as \$7,550, but not Blue Cross. With Blue Advantage Complete, your MOOP is just \$5,100 (in-network) and \$7,500 (combined in/out-of-network).



Original Medicare alone doesn't offer this protection and covers only 20% of medical expenses. Without a cap on your costs — MOOP — you could easily be looking at tens of thousands of dollars in expenses if you faced a serious illness like cancer.

## ...and you're covered throughout Alabama.

### Blue Advantage is not a restrictive HMO.

**You're free to use any doctors and hospitals you want.**

Blue Advantage is a PPO plan. You don't need referrals to see specialists and can use providers outside the network. But with over 90% of doctors and 100% of Alabama hospitals in the Blue Advantage network, it's easy to get the in-network doctor you want. Your costs may be higher if you go outside the network, but you always have the option.



## Medicare prescription drug coverage is included.

2022 Prescription Drug Benefits:	Blue Advantage COMPLETE	Blue Advantage PREMIER
<b>Part D Deductible</b>	Tiers 1, 2 & 6: You pay <b>\$0</b> deductible Tiers 3, 4 & 5: You pay <b>\$150</b> annual deductible Select insulins: You pay <b>\$0</b> deductible	All Tiers: You pay <b>\$0</b> deductible Select insulins: You pay <b>\$0</b> deductible
<b>Part D Drug Copays/Coinsurance</b>	<p><b>After deductible, you pay...</b></p> <p>At <b>PREFERRED</b> Cost-Sharing Pharmacies</p> <p><b>Tier 1</b>_Preferred Generic.....<b>\$4</b>  <b>Tier 2</b>_Generic.....<b>\$13</b>  <b>Tier 3</b>_Preferred Brand.....<b>\$40</b>  <b>Tier 4</b>_Non-Preferred Drug.....<b>32%</b>  <b>Tier 5</b>_Specialty Tier.....<b>30%</b>  <b>Tier 6</b>_Select Care Drugs.....<b>\$0</b>  Select Insulins.....<b>\$28</b></p> <p>At <b>STANDARD</b> Cost-Sharing Pharmacies</p> <p><b>Tier 1</b>_Standard Generic.....<b>\$11</b>  <b>Tier 2</b>_Generic.....<b>\$20</b>  <b>Tier 3</b>_Standard Brand.....<b>\$47</b>  <b>Tier 4</b>_Non-Preferred Drug.....<b>37%</b>  <b>Tier 5</b>_Specialty Tier.....<b>30%</b>  <b>Tier 6</b>_Select Care Drugs.....<b>\$0</b>  Select Insulins.....<b>\$35</b></p>	<p><b>You pay...</b></p> <p>At <b>PREFERRED</b> Cost-Sharing Pharmacies</p> <p><b>Tier 1</b>_Preferred Generic.....<b>\$3</b>  <b>Tier 2</b>_Generic.....<b>\$8</b>  <b>Tier 3</b>_Preferred Brand.....<b>\$40</b>  <b>Tier 4</b>_Non-Preferred Drug.....<b>42%</b>  <b>Tier 5</b>_Specialty Tier.....<b>33%</b>  <b>Tier 6</b>_Select Care Drugs.....<b>\$0</b>  Select Insulins.....<b>\$28</b></p> <p>At <b>STANDARD</b> Cost-Sharing Pharmacies</p> <p><b>Tier 1</b>_Standard Generic.....<b>\$10</b>  <b>Tier 2</b>_Generic.....<b>\$15</b>  <b>Tier 3</b>_Standard Brand.....<b>\$47</b>  <b>Tier 4</b>_Non-Preferred Drug.....<b>47%</b>  <b>Tier 5</b>_Specialty Tier.....<b>33%</b>  <b>Tier 6</b>_Select Care Drugs.....<b>\$0</b>  Select Insulins.....<b>\$35</b></p>
<b>Part D Coverage Gap</b> (also known as the "donut hole") Starts when total drug cost (what you and the plan spend) reaches <b>\$4,430</b> in 2022.	You pay <b>\$0</b> for Tier 6 Select Care drugs. You pay <b>25%</b> of generic drug costs and <b>25%</b> of brand-name drug costs. The Insulin Savings Program pricing will only apply to "select" insulins, not all insulins. You pay <b>\$28</b> copay at preferred pharmacies and <b>\$35</b> copay at standard pharmacies for select insulins.	
<b>Part D Catastrophic Coverage</b> Starts when your annual out-of-pocket cost reaches <b>\$7,050</b> in 2022.	You pay the greater of <b>\$3.95</b> for generic drugs and <b>\$9.85</b> for brand-name drugs OR <b>5%</b> coinsurance per prescription for the rest of the year. This includes select insulins. Blue Advantage pays the rest.	

# Understanding your Blue Advantage pharmacy coverage:

## Large Pharmacy Network:

Blue Advantage includes prescription coverage for the medications people with Medicare take most often. There are over 800 Preferred pharmacies in Alabama that make it convenient for you to save money. Our Preferred pharmacy network includes Costco, Kroger, Publix, Sam's, Walgreens, Walmart, Winn-Dixie and HUNDREDS of local independent neighborhood pharmacies. **Your copays are lowest when you use a Preferred pharmacy.**

Plus, our Standard network includes over 200 additional pharmacies in Alabama.

Visit [BCBSALMedicare.com/PreferredPharmacies](https://www.bcsalmedicare.com/PreferredPharmacies) for a list of Preferred Retail Pharmacies near you. For a list of Standard and Preferred Pharmacies OR to learn more about the Home Delivery Pharmacy Service, just call **1-888-627-4715 (TTY 711)**.

## Rx Savings Solutions:

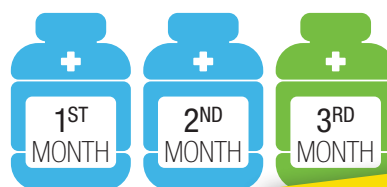
This new service helps you easily find the lowest-price options for prescription drugs. It's linked to your health plan, so everything is personalized for your medications and insurance.

## Home Delivery Pharmacy Service is also available:

Get your routine medication without leaving your home! When you use our Home Delivery Pharmacy Service you can get a 90-day supply by mail but pay only the copay for a 60-day supply. That's one month at no cost to you...along with free standard shipping!

# SAVE 33%

on prescription drug costs. If you get a 3-month prescription you get one month at no cost to you!



**NO COST**

AllianceRx Walgreens Prime (ARxWP) and Express Scripts® Pharmacy are the providers of home delivery pharmacy network services to Blue Advantage and BlueRx members. NOTE: Although unexpected, pharmacy network participation can change. Please visit [BCBSALMedicare.com](https://www.bcsalmedicare.com) for the most up-to-date pharmacy information. Prime Therapeutic LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Alabama (BCBSAL) to provide pharmacy benefit management services. BCBSAL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Alabama. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

## Avoid a LATE ENROLLMENT Penalty:

The best time to enroll in a Medicare Advantage plan like Blue Advantage is when you are first eligible for Medicare. If you delay your enrollment in Part D beyond your Initial Enrollment Period (and you don't have "creditable coverage" as good as the Medicare standard benefit design), you may pay a penalty for late enrollment if you decide you want this coverage later.



## Like to travel? You'll LOVE this!

Whether you've got family or friends you visit outside of Alabama...want to see more of the country...or just want to see where the open road takes you, as a Blue Advantage member you can **travel worry FREE!**

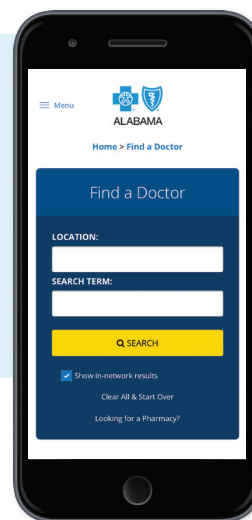
### With the Blue Advantage Visitor and Travel Program, it's easy to find providers wherever you go!

In most states, you'll enjoy the same in-network benefits and low costs that you do in Alabama. You'll also experience the same level of care and coverage from the many doctors and hospitals that participate in the extensive Visitor and Travel program.

### Here's the best part.

When you use a participating provider or pharmacy out of state,\* you pay the same network cost-sharing as you do when using providers at home in Alabama! If you're planning a trip or extended visit in the U.S., it's easy to find participating Blue Advantage providers.

1. Go online to **BCBSALMedicare.com/BlueAdvDoctorFinder**
2. Enter your destination zip code in the location box
3. A list of all available providers will be listed that can be filtered so you can find the specific type of doctor or facility you're looking for



Or you can call the Member Customer Service number on the back of your Member ID card. A Blue Cross and Blue Shield of Alabama representative will be happy to assist you.



### **NEW Worldwide Emergency/Urgent Coverage\*\*** gives you peace of mind wherever you go!

Blue Advantage plans cover you with up to **\$50,000** annually with no deductible (cost-sharing applies).

\*In some cases, Blue Advantage PPO networks are only available in portions of participating states. As of August 2021, only seven states don't participate: Alaska, Delaware, Iowa, Maryland, Mississippi, South Dakota and Wyoming.

\*\*Worldwide Emergency/Urgent Coverage refers to coverage of services outside the United States and its territories. Under this benefit, enrollees may obtain only services that would be classified as emergency and urgently needed services had they been covered in the United States. Members utilizing this benefit may remain enrolled in this plan while temporarily outside the United States or its territories for up to six months. This coverage also includes ambulance services worldwide. In-network copays will apply for each covered worldwide emergency/urgent service received.



## OPTION 2: Medicare Select Health Insurance Plan



### MEDIGAP PLAN

(Medicare Select Insurance Plan)

## A health plan that works hand-in-hand with Original Medicare.

C Plus Medicare Select plans provide the kind of protection Alabamians have depended on for generations. These plans work hand-in-hand with Original Medicare (Part A Hospital Insurance and Part B Medical Insurance), picking up as a supplement where Medicare leaves off.

### Rest easy knowing you're covered with a robust network in Alabama... and covered outside of Alabama, too.

- **Use network doctors when you're IN Alabama.** More than **90%** of all Alabama doctors are in our network along with **100%** of Alabama hospitals. **And you don't need referrals!**
- **If you're TRAVELING outside of Alabama:** You're free to use any doctor or hospital that accepts Medicare — anytime, anywhere. **If Medicare pays, C Plus pays!**

### Here are some of the highlights of C Plus:

- ✓ Few out-of-pocket costs
- ✓ No referrals needed to see specialists
- ✓ Full coverage for Medicare-eligible inpatient hospital stays
- ✓ No paperwork or claim filing when you use network providers
- ✓ \$0 annual routine hearing exam and hearing aid discounts both available through a TruHearing® provider
- ✓ 24-Hour Nurse Hotline
- ✓ SilverSneakers® Fitness Program membership included
- ✓ Access to Blue365® — an online destination featuring healthy deals and discounts exclusively for Blue Cross members

**C Plus plans do not cover prescription drugs. Get all-around protection by enrolling in both C Plus and our drug plan, BlueRx.** See pages 17 – 19 for more information.

### ELIGIBILITY REQUIREMENTS

**You can enroll in C Plus if you are both:**

- **An Alabama resident**
- **Enrolled in Medicare Part A and Part B**

If you receive full Medicaid or Qualified Medicare Beneficiary (QMB) program benefits, you are not eligible to purchase C Plus or any other Medicare supplement. Those who are under age 65 and have Medicare due to end-stage renal disease (ESRD) may not be eligible to purchase C Plus.



## Plans: B, F and G

In 2021*	Medicare alone YOU'LL PAY:	With PLAN-F† YOU PAY:	With PLAN-B YOU PAY:	With PLAN-G YOU PAY:
<b>Part A Hospital Expenses</b>				
Initial Part A hospital deductible	<b>\$1,484</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Daily copay for days 61 – 90 in a hospital	<b>\$371</b> per day <i>(Totals up to \$11,130)</i>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Daily copay for days 91 – 150 in a hospital (Lifetime Reserve)†	<b>\$742</b> per day <i>(Totals up to \$44,520)</i>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Additional 365 days once Lifetime Reserve days are used	<b>All Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Daily copay for days 21 – 100 in a Skilled Nursing Facility	<b>\$185.50</b> per day <i>(Totals up to \$14,840)</i>	<b>\$0</b>	<b>\$185.50</b> per day	<b>\$0</b>
<b>Part B Physician Services and Supplies</b>				
Annual Part B deductible	<b>\$203</b>	<b>\$0</b>	<b>\$203</b>	<b>\$203</b>
20% of the Medicare-approved amounts (Medicare pays 80%) for: <ul style="list-style-type: none"> <li>• Doctor and specialist visits</li> <li>• Lab and X-ray</li> <li>• Outpatient services and procedures</li> <li>• Durable medical equipment</li> <li>• Other Part B services</li> </ul>	<b>20%</b> <i>With today's healthcare costs, this can easily add up to thousands of dollars!</i>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Other Benefits Not Covered by Medicare</b>				
<b>Foreign Travel Emergency</b> Medically necessary emergency care services during the first 60 days of each trip outside the United States	<b>All Costs</b>	<b>\$250</b> annual deductible plus <b>20%</b> coinsurance on eligible charges up to a lifetime maximum of <b>\$50,000.</b>	<b>All Costs</b>	<b>\$250</b> annual deductible plus <b>20%</b> coinsurance on eligible charges up to a lifetime maximum of <b>\$50,000.</b>

\*Amounts shown are the 2021 deductibles and copays and may change on January 1, 2022.

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

‡You must meet specific eligibility requirements to qualify for Plan F. See next page for details.



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

Age Category When You Enroll:	2022 Monthly Premium*		
	C Plus Plan-F	C Plus Plan-B	C Plus Plan-G
Age 65	\$212	\$168	\$185
Age 66–69	\$234	\$186	\$204
Age 70 & Above	\$260	\$206	\$226
Under age 65 and eligible for Medicare because you are disabled	\$343	\$272	\$298

### ★ Important!

The younger you are when you first enroll in C Plus, the more you'll save over the years. Premiums are structured by age category, and the age category you start with is the one you keep as long as you're continuously covered by the same C Plus plan.

Although your premium may increase annually, your premium will not “jump” to the next age category. However, if you cancel your C Plus policy and then re-enroll in C Plus at a later date, you will re-enroll at the age band that applies to you at the time of re-enrollment.

C Plus has an Annual Election Period from **October 15 – December 7**, for coverage effective January 1 of the following year. To enroll outside of this annual election, you must meet certain qualifications such as turning 65 or retiring from work. Between **January 1 and March 31**, you may be eligible to enroll in C Plus if you drop a Medicare Advantage plan and return to Original Medicare.

### IMPORTANT NOTE: C Plus Plan-F Qualification

Starting in 2020, the popular Plan-F is only available to those who were eligible for Medicare by 12/31/2019 (either by age, disability or previously qualified and still working beyond age 65).

\*You must continue to pay your Medicare Part B premium. Monthly amounts shown are 2022 premiums and may change on January 1, 2023. Blue Cross and Blue Shield of Alabama also offers Plan A, a Medicare Supplement plan that provides you with basic hospital benefits. With Plan A, you can use any Medicare-participating hospital you want. There is a 180-day waiting period for pre-existing conditions. For 2022, the monthly premium for Plan A is \$138, regardless of your age.





## C Plus helps protect you against unexpected medical expenses.

**C Plus — like all Medigap plans — helps fill Medicare’s gaps by paying some or all of the hospital and medical costs Medicare leaves for you to pay.**

Depending on the plan you choose, you’ll have little to no out-of-pocket costs for Medicare-covered services, with no waiting period for pre-existing health conditions. Hospitalization is covered at 100%, so no surprise bills! Doctor and medical expenses are also fully covered (once you meet the Part B deductible with Plans B and G).

**But like all Medigap plans, C Plus doesn’t provide Part D prescription drug coverage.**

To complete your coverage, you can also enroll in a BlueRx prescription drug plan from Blue Cross and Blue Shield of Alabama. Monthly premiums are as low as \$50.20, with generic drug copays as low as \$1.

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**Add our BlueRx<sup>SM</sup> (PDP) plan for better all-around protection.**

---



## OPTION 2: Medicare Part D Prescription Drug Plan



**MEDICARE PART D**  
(Prescription Drug Plan)

## Prescription-only drug plans to pair with C Plus or Original Medicare.

BlueRx is a Medicare-approved Part D plan. Part D is the part of Medicare that helps pay for the prescription drugs you use. To get Part D benefits, you can either join a Medicare Advantage plan that includes drug coverage (like Blue Advantage) OR enroll in a stand-alone plan like BlueRx.

You can pair BlueRx with a C Plus Medicare Select plan from Blue Cross and Blue Shield of Alabama and have your medical and prescription coverage from the same local company.

### We have three options to fit your needs:

#### BlueRx Essential

- Lowest monthly premium
- \$480 deductible
- Copays as low as \$1

#### BlueRx Enhanced

- \$480 deductible
- Copays as low as \$2
- More brand-name drugs and more pharmacies

#### BlueRx Enhanced Plus

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

Like all Part D plans, BlueRx has a list of covered medications (formulary) that includes generic, brand-name and specialty drugs. Each drug is assigned to one of five cost-sharing Tiers, which determines the amount you pay. BlueRx Enhanced Plus has an expanded drug list with the most brand-name drugs.

If you have questions about your prescriptions — or want to make sure the medications you take are covered — you can go to **BCBSALMedicare.com/CheckMyDrugs** and access our 'Find Drugs' tool. Or you can call and speak with one of our representatives.

### ELIGIBILITY REQUIREMENTS

**You can enroll in BlueRx (PDP) if you are both:**

- **An Alabama resident**
- **Entitled to Medicare Part A and/or enrolled in Part B**

**You may qualify for extra help to pay for BlueRx:** People with limited income and resources may qualify for extra help from the government to help lower their prescription drug costs. If you qualify, your monthly premium will be lower, your copays will be lower and you will have no coverage gap.

## Use this cost-sharing comparison to help choose the BlueRx plan that's right for you:

2022 PLAN PREMIUM	BlueRx ESSENTIAL	BlueRx ENHANCED	BlueRx ENHANCED PLUS
What you pay each month as a member	\$50.20	\$88.60	\$144.10
1. What you pay — up to a Total Rx annual spend of \$4,430 (the Initial Coverage Limit in 2022)			
DEDUCTIBLE Your Rx spending before plan benefits begin	\$480	\$480	\$0
COPAY What you pay for prescriptions after reaching the deductible	<div>Standard Cost-Sharing Pharmacy</div> <div>After deductible, you pay:</div> <div>Tier 1.....\$1</div> <div>Tier 2.....\$8</div> <div>Tier 3.....\$47</div> <div>Tier 4.....50%</div> <div>Tier 5.....25%</div> <div>With BlueRx Essential there is not a Preferred Pharmacy network option. To get the low copays above, simply fill your prescriptions at one of our many Standard network pharmacies.</div>	<div>Preferred Cost-Sharing Pharmacy</div> <div>After deductible, you pay:</div> <div>Tier 1.....\$2</div> <div>Tier 2.....\$8</div> <div>Tier 3.....\$40</div> <div>Tier 4.....37%</div> <div>Tier 5.....25%</div> <div>See next page for more info about Preferred cost-sharing (as shown), available with BlueRx Enhanced and BlueRx Enhanced Plus.</div>	<div>Preferred Cost-Sharing Pharmacy</div> <div>You pay:</div> <div>Tier 1.....\$2</div> <div>Tier 2.....\$10</div> <div>Tier 3.....\$40</div> <div>Tier 4.....45%</div> <div>Tier 5.....33%</div>
<div>Drug Tier Classifications</div> <div>Tier 1 – Preferred Generic</div> <div>Tier 2 – Generic</div> <div>Tier 3 – Preferred Brand</div> <div>Tier 4 – Non-Preferred Brand</div> <div>Tier 5 – Specialty Tier</div>			
2. What you pay — when your TOTAL Rx annual spend exceeds \$4,430 and YOUR spend is below \$7,050			
COVERAGE GAP	With all three BlueRx plan options, you pay: 25% of generic drug costs and 25% of brand-name costs		
3. What happens when YOUR out-of-pocket Rx dollar spend reaches \$7,050			
CATASTROPHIC COVERAGE	With all three BlueRx plan options: You pay the greater of \$3.95 for generic and \$9.85 for all other drugs OR 5% coinsurance per prescription for the rest of the year. The plan pays the rest.		

\*You must continue to pay your Medicare Part B premium.

Some BlueRx (PDP) covered drugs may be subject to prior authorization, step therapy or have quantity limits.

# Understanding your BlueRx pharmacy coverage:

## Your pharmacy network depends on the plan you choose.

### ► **BlueRx ESSENTIAL: STANDARD Pharmacy Network**

Standard cost-sharing is available at over 900 retail pharmacies including **Publix, Sam's, Walgreens, Walmart and hundreds of other local independent neighborhood pharmacies!**

### ► **BlueRx ENHANCED and BlueRx ENHANCED PLUS: PREFERRED Pharmacy Network**

Preferred cost-sharing is available at retail pharmacies that now include **Costco, Kroger, Publix, Sam's, Walgreens, Walmart, Winn-Dixie and HUNDREDS of local independent neighborhood pharmacies.** At Preferred pharmacies, you can get a 90-day supply of routine medication but pay only the copay for a 60-day supply.

For a list of Standard and Preferred Pharmacies, visit **[BCBSALMedicare.com/FindMyPharmacy](https://www.bcsalmedicare.com/FindMyPharmacy)** OR call a Medicare Specialist at **1-888-627-4715 (TTY 711).**

## Rx Savings Solutions:

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

## Home Delivery Pharmacy Service is also available.

Get your routine medication without leaving your home! When you use our Home Delivery Pharmacy Service you can get a 90-day supply by mail but pay only the copay for a 60-day supply. That's one month at no cost to you...along with free standard shipping!

# SAVE 33%

on prescription drug costs. If you get a 3-month prescription you get one month at no cost to you!



**NO COST**

AllianceRx Walgreens Prime (ARxWP) and Express Scripts® Pharmacy are the providers of home delivery pharmacy network services to Blue Advantage and BlueRx members. NOTE: Although unexpected, pharmacy network participation can change. Please visit [BCBSALMedicare.com](https://www.bcsalmedicare.com) for the most up-to-date pharmacy information. Prime Therapeutic LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Alabama (BCBSAL) to provide pharmacy benefit management services. BCBSAL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Alabama. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

### **Avoid a LATE ENROLLMENT Penalty:**

The best time to enroll in a Medicare Prescription Drug Plan (PDP) like BlueRx is when you are first eligible for Medicare. If you delay your enrollment in Part D beyond your Initial Enrollment Period (and you don't have "creditable coverage" as good as the Medicare standard benefit design) you may pay a penalty for late enrollment if you decide you want this coverage later.



## HEALTH AND WELLNESS SERVICES

to help you stay healthy now and for years to come.

**All Blue Advantage and C Plus plans include these great benefits:**



### **SilverSneakers® Fitness Membership\***

A fun and innovative health, exercise and wellness program for active, older adults. Get fit, have fun and make new friends while enjoying a healthy lifestyle.

- Unlimited gym access at over 300 participating locations in Alabama
- At-home kits available if you can't get to a fitness location due to health reasons
- Online resources and support from trained Advisors



### **TruHearing® Services\*\***

Enjoy a \$0 copay for an annual routine hearing exam through TruHearing. You can also get state-of-the-art technology on hearing aids at a substantial discount (one per ear, per year). Pay just \$699 or \$999, depending on the model you choose.



### **Preventive Screenings and Services**

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



### **AirMed International\*\*\***

If you are hospitalized more than 150 miles from home, AirMed International will provide an air ambulance to get you to a hospital near your home. There are no deductibles, no copays and no out-of-pocket costs for you.

\*SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. ©2021 Tivity Health, Inc. All rights reserved. The SilverSneakers fitness program is provided by Tivity Health, Inc., an independent company.

\*\*©2021 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All appointments must be performed by a TruHearing network provider. TruHearing is an independent company offering exclusive hearing aid savings for Blue Cross and Blue Shield of Alabama members.

\*\*\*Air medical transport services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical services terminate if coverage by your health plan ends.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans that includes Blue Cross and Blue Shield of Alabama.





### **24-Hour Nurse Hotline**

Specially trained nurses are “on call” to answer your questions 24 hours a day, 365 days a year.



### **Access to a large provider network in Alabama**

With more than 90% of doctors and specialists throughout Alabama — and 100% of Alabama hospitals — in our provider network, you can find care that’s convenient and close to home.



### **An extensive pharmacy network**

Prescription drug coverage is a valuable built-in benefit with our Blue Advantage plans. If you add BlueRx to complete your C Plus coverage, you’ll have three plan options. Across all drug plans, you’ll have access to hundreds of network pharmacies that make it convenient for you to save money on your medications.



### **Medication Therapy Management**

If you meet the program’s criteria, your Blue Cross and Blue Shield of Alabama plan will provide access to expert advice to help you safely manage your medications.



### **Disease Management Program**

Our nurses are available to help you manage a variety of chronic conditions — through early intervention, appropriate treatments and lifestyle changes — at no cost to you.



### **myBlueCross**

With *myBlueCross*, you have 24-hour online access to personalized health information. Plus, easy-to-use online tools that can help you save time and efficiently manage your health. You can even access *myBlueCross* through the Alabama Blue mobile app for easy access on the go.

## Which Blue Cross Medicare Option is right for you?

### OPTION 1



**Blue Advantage**  
A Medicare Approved PPO

- Combines Medicare Parts A, B and D plus many extra benefits
- LOW fixed costs for most services
- In/out-of-network coverage with NO referrals
- \$1,000/\$1,200 annual preventive and comprehensive dental allowance (Complete/Premier plans)
- \$100 annual prescription eyewear allowance
- \$0 copay for an annual routine hearing exam and significant discounts on hearing aids through TruHearing
- SilverSneakers® Fitness Membership included

### OPTION 2



**C Plus**<sup>SM</sup>  
A Medicare Select Plan



**BlueRx**<sup>SM</sup>  
A Medicare Approved Part D Plan

- 100% coverage for inpatient hospitalization
- FEW out-of-pocket costs through C Plus
- \$0 copay for an annual routine hearing exam and significant discounts on hearing aids through TruHearing
- FREE SilverSneakers® Fitness Membership
- Prescription benefits through BlueRx



## Here are some tips to help you decide:

- ❑ **If you want a low cost (\$0 monthly premium) plan that covers all your healthcare needs — including prescriptions, dental exams and eyewear — *Blue Advantage Complete may be the right plan for you!***

Blue Advantage is an all-in-one plan that includes drug coverage. C Plus provides health coverage only. With C Plus, you'll need to add a stand-alone drug plan like BlueRx.

- ❑ **If you'd prefer not to pay a copay for every medical service you receive, *C Plus may be the right plan for you.***

With C Plus you can leave your checkbook at home. Unlike Blue Advantage, C Plus doesn't require copays at time of service.

- ❑ **If you only use healthcare services occasionally, *Blue Advantage may be right for you.***

You'll have no monthly plan premium to pay with Blue Advantage Complete, and you "pay as you go." You only pay — at time of service — when you use your plan that features low affordable copays.

- ❑ **If you have significant or expensive health problems — or use healthcare a lot — *C Plus may be right for you.***

With C Plus, your monthly plan premium covers all your healthcare needs, no matter how much you use the plan. Hospitalization is 100% covered with no deductibles or coinsurance. All Medicare-covered medical services are fully covered (once you meet the annual Part B deductible on Plan B and Plan G).

# 2022



notes:

[illegible]



# 2022



notes:

[illegible]

## Notices

\*From April 1 to September 30, on weekends and holidays you may be required to leave a message. Calls will be returned the next business day.

Blue Advantage® (PPO) is a Medicare-approved PPO plan and BlueRx<sup>SM</sup> (PDP) is a Medicare-approved Part D plan. Enrollment in Blue Advantage (PPO) and BlueRx (PDP) depends on CMS contract renewal.

Members may enroll in Blue Advantage (PPO) and BlueRx (PDP) plans only during specific times of the year. For more information about enrollment periods, call toll free 1-888-627-4715 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. You may be enrolled in only one Part D plan at a time. Medicare beneficiaries who are enrolled in an MA PFFS plan that includes Medicare prescription drugs or any MA coordinated care (HMO or PPO) plan will be automatically disenrolled from the HMO, PPO or MA PFFS plan if they enroll in a PDP. Medicare beneficiaries enrolled in a Private Fee-for-Service plan (PFFS) that does not include Medicare prescription drug coverage, an MA Medical Savings Account (MSA) plan or an 1876 Cost plan may enroll in a PDP and will not be automatically disenrolled from the PFFS, MSA or an 1876 Cost plan. Medicare beneficiaries may also enroll in Blue Advantage (PPO) or BlueRx (PDP) through the CMS Medicare Online Enrollment Center located at [www.medicare.gov](http://www.medicare.gov).

To enroll in Blue Advantage (PPO), you must have Medicare Part A and Part B, and live in the service area. To enroll in BlueRx (PDP), you must be entitled to Medicare Part A and/or enrolled in Part B, and live in the service area. You must continue to pay your Medicare Part B premium. If you request premiums withheld, elect to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for the change to take effect and you will be held responsible for those premiums.

As a member of our plan, you can choose to receive care from out-of-network providers, as long as the services are covered benefits and are medically necessary. Higher costs for out-of-network benefits may apply. Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Alabama members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

If you are enrolled in Blue Advantage (PPO) or BlueRx (PDP), you must use network pharmacies to access your prescription drug benefits, except under non-routine circumstances when you cannot reasonably use a network pharmacy. Our pharmacy network includes retail, mail-order, home infusion, long-term care (LTC) and Indian/Tribal/Urban (ITU) pharmacies. Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits, step therapy and specialty limitations.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call \*\*1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; The Social Security Office at 1-800-772-1213 (TTY 1-800-325-0778), between 7 a.m. and 7 p.m., Monday through Friday; or your Medicaid Office.

This information is not a complete description of benefits. Call 1-888-627-4715 (TTY 711) for more information. Limitations, copayments and restrictions may apply. To the extent of any discrepancy between this document and your Evidence of Coverage/Contract Booklet, your Evidence of Coverage/Contract Booklet takes priority. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

This is a solicitation of insurance. Contact may be made by an issuer or insurance producer or another acting on behalf of the issuer or producer. C Plus<sup>SM</sup> is a Medicare Select Plan and is a private insurance plan regulated by the Alabama Department of Insurance. It is not connected with or endorsed by the U.S. government or the federal Medicare program. Blue Cross and Blue Shield of Alabama also offers Plan A, a Medicare Supplement plan that provides you with basic hospital benefits. With Plan A, you can use any Medicare-participating hospital you want. There is a 180-day waiting period for pre-existing conditions.

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

**IF YOU HAVE ANY QUESTIONS** about our plans, want more information or need help enrolling, contact:

## **Blue Cross and Blue Shield of Alabama**

**1-888-627-4715 (TTY 711)**

8 a.m. to 8 p.m., 7 days a week\*

**BCBSALMedicare.com**

If you are a current Blue Cross member, please call: **1-855-277-0036 (TTY 711)**

**Here are some additional resources you may find helpful while considering your Medicare choices and related issues:**

**1**

### **Medicare**

1-800-MEDICARE  
(1-800-633-4227)

TTY users:  
1-877-486-2048  
24 hours a day,  
7 days a week\*\*

[medicare.gov](http://medicare.gov)

**2**

### **Social Security Administration**

1-800-772-1213

TTY users:  
1-800-325-0778  
7 a.m. to 7 p.m.,  
Monday – Friday

[ssa.gov](http://ssa.gov)

**3**

### **Alabama Medicaid Agency**

1-800-362-1504

TTY users:  
1-800-253-0799

[medicaid.alabama.gov](http://medicaid.alabama.gov)

**4**

### **Railroad Retirement Board**

1-877-772-5772

TTY users:  
312-751-4701  
9 a.m. to 3:30 p.m.

[rrb.gov](http://rrb.gov)

(there is also a Field  
Office in Birmingham)

**5**

### **SHIP**

(Alabama State  
Health Insurance  
Assistance Program)

1-800-AGE-LINE  
(1-800-243-5463)

TTY users:  
1-800-548-2547

[alabamaageline.gov](http://alabamaageline.gov)

**6**

### **Alabama Department of Senior Services**

1-800-AGE-LINE  
(1-800-243-5463)

TTY users:  
1-800-548-2547

[alabamaageline.gov](http://alabamaageline.gov)

### **You may qualify for extra help to pay for your Prescription Drug Plan.**

People with limited income and resources may qualify for extra help to lower their prescription drug costs. If you qualify, your monthly plan premium will be lower, your copays will be lower, and you will have no coverage gap. Many people are eligible for these savings and don't realize it.

**To see if you qualify for extra help, you can call (1) Medicare, (2) Social Security or (3) the Alabama Medicaid Agency.**

# Strong. Dependable. Experienced. Local.

When you want benefits you can depend on, service you can rely on and the peace of mind that comes from working with a local leader with a national reputation, choose Blue Cross and Blue Shield of Alabama. For more than 80 years, people all across our state have turned to Blue Cross for access to quality healthcare.

Today, we're one of the most popular health plan choices in Alabama for one simple reason:

**At Blue Cross and Blue Shield of Alabama, we cover what matters.**

Have questions about any of our plans or need help enrolling?

Call us toll free at

**1-888-627-4715 (TTY 711)**

8 a.m. to 8 p.m., 7 days a week\*

Current Blue Cross members, please call:

**1-855-277-0036 (TTY 711)**

Or visit us online anytime at:

**BCBSALMedicare.com**



**BlueCross BlueShield  
of Alabama**

*We cover what matters.*