

Your guide to **2023 Medicare** Coverage Options



**BlueCross BlueShield
of Alabama**

Let's get started!

Understanding Medicare and your coverage options can be a challenge, but we can help.

This guide will help you navigate how Medicare works, give you tools to help you choose a plan and explain three different plan options with Blue Cross and Blue Shield of Alabama.

- ▶ Medicare 101: What is Medicare and how it works
- ▶ Your roadmap for how to choose a plan that works for you
- ▶ Three different Alabama Blue plan coverage options to help you get the coverage you need

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

Blue Advantage® is a PPO with a Medicare contract. Enrollment in Blue Advantage depends on CMS contract renewal.

C PlusSM A Medicare Select Plan

C PlusSM is a Medicare Select Plan.

BlueRxSM A Medicare Approved Part D Plan

BlueRxSM is a PDP plan with a Medicare approved contract. Enrollment in BlueRx (PDP) depends on CMS contract renewal.

Medicare Explained: *One Part at a Time*

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.

- ▶ **Medicare Part A**

- Hospital coverage**

- Part A is offered to nearly everyone eligible for Medicare at no cost.

- ▶ **Medicare Part B**

- Medical coverage**

- For a monthly premium, Part B is available to most individuals eligible for Medicare.

- ▶ **Medicare Part C**

- Also known as Medicare Advantage**

- You still enroll in Part A and Part B, but you receive all your benefits through one plan from a private insurance company instead of through Original Medicare. These plans often have additional benefits, like coverage for prescription drugs (Part D).

- ▶ **Medicare Part D**

- Prescription drug coverage**

- Medicare prescription drug plans help cover some of your prescription drug costs..

- ▶ **Medicare Supplement/Select Plans**

- Also known as 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.

How to choose your Medicare plan

Let's simplify your search with these easy steps:

► Step 1: Enroll with Original Medicare

That's Part A (Hospital coverage) and Part B (Medical coverage).

► Step 2: Decide which option is best for you. You have choices.

OPTION 1

Enroll in Part C, also called a Medicare Advantage Plan

Blue Advantage (PPO) covers both health and prescription drug coverage (Part A, Part B and Part D all in one plan) It's a **great** choice for people who want one plan that does it all.



With our **Blue Advantage® (PPO)**, you get an all-in-one plan that combines Medicare Parts A, B and D plus plenty of extras.

OPTION 2

Enroll in a Medicare Supplement Plan, also known as a Medigap plan, and/or a prescription drug plan (Medicare Part D).

These plans will help you cover costs that Original Medicare does not cover.



C Plus Medicare Select plans work hand-in-hand with Original Medicare, picking up as a supplement where Medicare leaves off. And you can add a BlueRx (PDP) plan for more complete protection.



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.

Which option is right for you?



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

Blue Advantage is an all-in-one plan that includes drug coverage. Plus, there's a cap on your out-of-pocket expenses. Original Medicare doesn't offer this protection or cover prescriptions, and C Plus provides health coverage only. You would still need to add a standalone drug plan like BlueRx.

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

With Blue Advantage, you "pay as you go." You only pay — at time of service — when you use your plan that features low affordable copays.



- **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 rarely requires copays at time of service.

- **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 most 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 or Plan G).

Insider tip:

We can help you with plans for each of these options. Interested in Blue Advantage? See page 7. Interested in C Plus? See page 15. Interested in BlueRx? See page 23.



OPTION 1: MEDICARE ADVANTAGE PLAN



Medicare works with private insurance companies like Blue Cross and Blue Shield of Alabama to provide Medicare Advantage plans. 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 benefits of Blue Advantage:

- ✓ Choice of plans, including **\$0** premium option
- ✓ **\$1,000/\$1,300** 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
- ✓ Eyewear allowance
- ✓ SilverSneakers®
- ✓ Insulin savings program
- ✓ Member wellness rewards program

Are you eligible?

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

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

When can you enroll?

Here are the Medicare enrollment periods:

▶ 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, lose your current creditable coverage, or other special circumstances — you may qualify for a Special Enrollment Period to change or obtain your initial coverage outside of the Annual Election Period.



2023 MONTHLY PLAN PREMIUM	Blue Advantage COMPLETE	Blue Advantage PREMIER
	\$0	\$164
Primary Care Doctor <i>(copay per visit)</i>	\$5	\$5
Specialist <i>(copay per visit)</i>	\$40	\$25
Telehealth <i>(copay per visit)</i>	\$5 – \$55	\$5 – \$55
Lab Services	\$0	\$0
X-rays	\$15	\$5
Diagnostic Radiology <i>(MRI, CT scans)</i>	\$75	\$25
Outpatient Hospital	\$0 – \$245	\$0 – \$150
Physical, Occupational, and Speech Therapy Sessions	\$30	\$20
Ambulance Services	\$275 per one-way trip	\$150 per one-way trip

	Blue Advantage COMPLETE	Blue Advantage PREMIER
Inpatient Hospital Stay (Acute)	\$290 copay per day for days 1 - 7 \$0 copay per day for days 8 - 90 \$0 copay for each additional hospital day	\$175 copay per day for days 1 - 5 \$0 copay per day for days 6 - 90 \$0 copay for each additional hospital day
Inpatient Hospital Stay (Psychiatric)	\$290 per day for days 1 – 7; \$0 for days 8 – 90; \$0 copay for each additional hospital day, up to the 190 day lifetime limit	\$175 per day for days 1 – 5; \$0 for days 6 – 90; \$0 copay for each additional hospital day, up to the 190 day lifetime limit
Post-Discharge Meals (for members with two or more of the following chronic conditions: COPD, diabetes, CHF, vascular disease, rheumatoid arthritis)	\$0 14 meals delivered	\$0 14 meals delivered
Skilled Nursing Facility (prior hospital stay not required)	\$0 per day for days 1 – 20; \$188 per day for days 21 – 100	\$0 per day for days 1 – 20; \$100 per day for days 21 – 55; \$0 per day for days 56 – 100
Medicare Part B Drugs (injectable and infused drugs like chemo, etc.)	20% coinsurance	20% coinsurance
Emergency Room Visit	\$110 (waived if admitted within 24 hours)	\$120 (waived if admitted within 24 hours)
Worldwide Emergency/ Urgent Coverage	\$50,000 annually; no deductible; cost sharing applies	\$50,000 annually; no deductible; cost sharing applies
Insulin Savings Program	\$28 per month for select insulins (preferred pharmacies)	\$28 per month for select insulins (preferred pharmacies)
Diabetic Supplies (Blood glucose meters and test strips*)	\$0	\$0
Comprehensive and Preventive Dental Allowance	\$1,000 per calendar year	\$1,300 per calendar year <i>Increased from 2022!</i>
Annual Routine Vision and Hearing Exam	\$0 Must use a TruHearing® network provider for routine hearing exam	\$0 Must use a TruHearing® network provider for routine hearing exam
Eyewear Allowance	\$100 per calendar year	\$100 per calendar year
Hearing Aids	\$699/\$999 (One high-tech TruHearing branded hearing aid per ear, per year)	\$699/\$999 (One high-tech TruHearing branded hearing aid per ear, per year)
NEW In-Home Support Services	N/A	Companions to provide assistance with non-clinical activities of daily living, up to 90 hours annually
MOOP: (Maximum Out-Of-Pocket) Amount	\$5,100 in-network; \$7,500 combined in/out-of-network	\$3,400 in-network; \$5,100 combined in/out-of-network

You must continue to pay your Medicare Part B premium. The benefits shown above and on preceding page 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.

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

Medicare prescription drug coverage is included.

2023 Prescription Drug Benefits:	Blue Advantage COMPLETE	Blue Advantage PREMIER
Part D Deductible	Tiers 1, 2 & 6: You pay \$0 deductible Tiers 3, 4 & 5: You pay \$150 annual deductible. Select insulins: You pay \$0 deductible	All Tiers: You pay \$0 deductible Select insulins: You pay \$0 deductible
Part D Drug Copays/Coinsurance	<p>After deductible, you pay...</p> <p>At PREFERRED Cost-Sharing Pharmacies</p> <p>Tier 1 Preferred Generic.....\$4 Tier 2 Generic.....\$13 Tier 3 Preferred Brand.....\$40 Tier 4 Non-Preferred Drug.....29% Tier 5 Specialty Tier.....30% Tier 6 Select Care Drugs.....\$0 Select Insulins (Tiers 3 & 4).....\$28</p> <p>At STANDARD Cost-Sharing Pharmacies</p> <p>Tier 1 Preferred Generic.....\$11 Tier 2 Generic.....\$20 Tier 3 Preferred Brand.....\$47 Tier 4 Non-Preferred Drug.....34% Tier 5 Specialty Tier.....30% Tier 6 Select Care Drugs.....\$0 Select Insulins (Tiers 3 & 4).....\$35</p>	<p>You pay...</p> <p>At PREFERRED Cost-Sharing Pharmacies</p> <p>Tier 1 Preferred Generic.....\$3 Tier 2 Generic.....\$8 Tier 3 Preferred Brand.....\$40 Tier 4 Non-Preferred Drug.....42% Tier 5 Specialty Tier.....33% Tier 6 Select Care Drugs.....\$0 Select Insulins (Tiers 3 & 4).....\$28</p> <p>At STANDARD Cost-Sharing Pharmacies</p> <p>Tier 1 Preferred Generic.....\$10 Tier 2 Generic.....\$15 Tier 3 Preferred Brand.....\$47 Tier 4 Non-Preferred Drug.....47% Tier 5 Specialty Tier.....33% Tier 6 Select Care Drugs.....\$0 Select Insulins (Tiers 3 & 4).....\$35</p>
Part D Coverage Gap (also known as the "donut hole") Starts when total drug cost (what you and the plan spend) reaches \$4,660 in 2023.	You pay \$0 for Tier 6 Select Care drugs. You pay 25% of generic drug costs and 25% of brand-name drug costs. The Insulin Savings Program pricing will only apply to "select" insulins, not all insulins. You pay \$28 copay at preferred pharmacies and \$35 copay at standard pharmacies for select insulins.	
Part D Catastrophic Coverage Starts when your annual out-of-pocket cost reaches \$7,400 in 2023.	You pay the greater of \$4.15 for generic drugs and \$10.35 for brand-name drugs OR 5% coinsurance per prescription for the rest of the year. This includes select insulins. Blue Advantage pays the rest.	

Understanding your Blue Advantage drug coverage

With Blue Advantage prescription drug coverage, you get:

A large pharmacy network

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 neighborhood pharmacies.

Visit [BCBSALMedicare.com/PreferredPharmacies](https://www.bcbsalmedicare.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). **The pharmacy network is subject to change.**

Rx Savings Solutions service just for Blue members

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

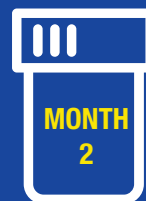
Home delivery pharmacy service

Get your routine medication without leaving your home! Services are offered through many of our in-network pharmacies or by mail through Express Scripts® Pharmacy, AllianceRx Walgreens Pharmacy, Kroger PPS, Costco or Amazon Pharmacy.

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!

Insider tip:

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.

Why Blue Advantage?

1. Prescription drug coverage is included.

And you have a lot of pharmacies to choose from. Blue Advantage includes prescription coverage for the medications people with Medicare take most often. Your copays are lowest when you use a preferred pharmacy, but you have access to standard pharmacies too.

Visit [BCBSALMedicare.com/PreferredPharmacies](https://www.bcbsalmedicare.com/PreferredPharmacies) for a list of preferred retail pharmacies near you.

2. You're protected against runaway bills.

A Medicare Advantage plan puts an annual cap on what you pay out-of-pocket for medical expenses in a year, also known as a MOOP — Maximum Out-of-Pocket limit.

Original Medicare alone doesn't offer this protection 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.

3. You're covered throughout Alabama. And you're covered when you travel, too!

Blue Advantage is a PPO plan, not a restrictive HMO. You don't need referrals to see specialists and can use providers outside the network (but your costs may be higher out-of-network.) 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.

Best of all, in most states, you'll enjoy the same in-network benefits that you do in Alabama with our **Blue Advantage Visitor and Travel Program**.^{**}

Insider tip:

If you change your mind after enrolling in a Medicare Advantage plan, no problem! Between January 1 and March 31 (Medicare Advantage Open Enrollment Period), Medicare Advantage plan members can:

- Switch to a different Medicare Advantage plan; or
- Go back to Original Medicare and add a stand-alone prescription drug plan and/or a Medicare Supplement plan.

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. Just go online to BCBSALMedicare.com/BlueAdvDoctorFinder.

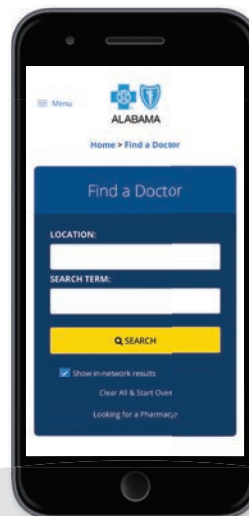
2. Enter your destination zip code in the location box.

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.

4. Or you can call the Customer Service phone number on the back of your ID card.

INSIDER TIP:

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 July 2022, only 2 states don't participate: Alaska and Wyoming. The states and territories listed are subject to change at any time. If you need help finding a provider in a certain area, call Customer Service at the number listed on the back of your ID card or call 1-800-810-BLUE(2583).

**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



C Plus is a Medicare Select Plan, a type of Medigap/Medicare Supplement Insurance that helps fill “gaps” in Original Medicare and is sold by private companies. Original Medicare pays for much, but not all, of the cost for covered healthcare services and supplies. A Medicare Supplement Insurance (Medigap) policy can help pay some of the remaining healthcare costs, like:

▶ **Copayments**

▶ **Coinsurance**

▶ **Deductibles**

If you only read one thing about C Plus, read this!

- ▶ C Plus works hand-in-hand with Original Medicare (Part A Hospital Insurance and Part B Medical Insurance), picking up as a supplement where Medicare leaves off.
- ▶ 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
- ▶ SilverSneakers® membership

Are you eligible?

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.

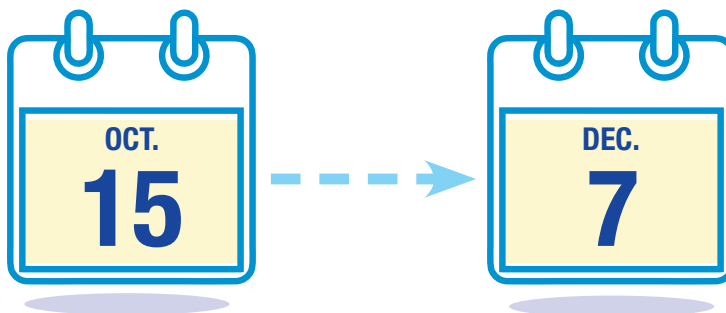
When can you enroll?

Here are the Medicare enrollment periods:

- ▶ **Annual Election Period (Every Year)**

This occurs every year from **October 15 through December 7.**

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.



Insider tip:

C Plus plans do not cover prescription drugs. Get all-around protection by enrolling in both C Plus and our drug plan, BlueRx.

Plans: B, F and G

In 2022*	Medicare alone YOU'LL PAY:	With PLAN-G YOU PAY:	With PLAN-B YOU PAY:	With PLAN-F† YOU PAY:
Part A Hospital Expenses				
Initial Part A hospital deductible	\$1,556	\$0	\$0	\$0
Daily copay for days 61 – 90 in a hospital	\$389 per day	\$0	\$0	\$0
Daily copay for days 91 – 150 in a hospital (Lifetime Reserve)†	\$778 per day	\$0	\$0	\$0
Additional 365 days once Lifetime Reserve days are used	All Costs	\$0	\$0	\$0
Daily copay for days 21 – 100 in a Skilled Nursing Facility	\$194.50 per day	\$0	\$194.50 per day	\$0
Part B Physician Services and Supplies				
Annual Part B deductible	\$233	\$233	\$233	\$0
20% of the Medicare-approved amounts (Medicare pays 80%) for: • Doctor and specialist visits • Lab and X-ray • Outpatient services and procedures • Durable medical equipment • Other Part B services	20%	\$0	\$0	\$0
Other Benefits Not Covered by Medicare				
Foreign Travel Emergency Medically necessary emergency care services during the first 60 days of each trip outside the United States	All Costs	\$250 annual deductible plus 20% coinsurance on eligible charges up to a lifetime maximum of \$50,000.	All Costs	\$250 annual deductible plus 20% coinsurance on eligible charges up to a lifetime maximum of \$50,000.

*Amounts shown are the 2022 deductibles and copays and may change on January 1, 2023.

†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:	2023 Monthly Premium*		
	C Plus Plan-G	C Plus Plan-B	C Plus Plan-F
Age 65	\$190	\$173	\$218
Age 66–69	\$210	\$192	\$241
Age 70 & Above	\$233	\$212	\$268
Under age 65 and eligible for Medicare because you are disabled	\$326	\$297	\$374

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 2023, the monthly premium for Plan A is \$142, regardless of your age.

Why C Plus?

1. Fewer out-of-pocket expenses

Medicare Supplement plans can help reduce your costs by covering what Original Medicare doesn't. With a Medicare Supplement plan, Medicare pays its portion of your healthcare costs first, and then your Medicare Supplement policy pays a portion, helping to lower your out-of-pocket costs.

2. Access to all providers who accept Medicare

You can worry less about provider networks. Medicare Supplement plans work with all providers who accept Medicare.

3. Coverage while traveling overseas

If you like to travel, you're in luck. If you're traveling outside of Alabama, you're free to use any doctor or hospital that accepts Medicare — anytime, anywhere. If Medicare pays, C Plus pays!

Insider tip:

The younger you are when you first enroll in C Plus, the more you'll save over the years. Premiums are structured by age category, and the age category you start with is the one you keep as long as you're continuously covered by the same C Plus plan. However, if you cancel your C Plus policy and then re-enroll in C Plus at a later date, you will re-enroll at the age band that applies to you at the time of re-enrollment.

We invest in your wellness.

Here's how.

We want to help you stay healthy for years to come.
That's why all Blue Advantage and C Plus members enjoy these benefits:



SilverSneakers® Fitness Membership*

A fun and innovative health, exercise and wellness program for active, older adults.

Unlimited gym access at over 300 participating locations in Alabama, at-home kits available if you can't get to a fitness location and 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 TruHearing hearing aids at a substantial discount (one per ear, per year). **Pay just \$699 or \$999**, depending on the model you choose, saving you thousands of dollars on hearing aids.***



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.



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. Or if you add BlueRx to complete your C Plus coverage, you’ll have access to hundreds of network pharmacies that make it convenient for you to save money on your medications.



Medication Therapy 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.

*SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved..

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***Average savings when comparing what a member would pay at a retail point of sale versus copay amount.

****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.

***** For Blue Advantage or C Plus members with added BlueRx coverage



OPTION 2: MEDICARE PART D PRESCRIPTION DRUG PLAN



If you only read one thing about Prescription Drug Plans, read this!

BlueRx is a prescription-only drug plan to pair with C Plus or Original Medicare. It's a Medicare-Approved Part D, which 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
- \$505 deductible
- \$0 copay on Preferred Generics

BlueRx Enhanced

- \$505 deductible
- Copays as low as \$2
- More brand-name drugs and more pharmacies

BlueRx Enhanced Plus

- \$0 deductible
- Copays as low as \$2
- More 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.

Insider tip: _____

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 'Drug Lookup' tool. Or you can call and speak with one of our representatives.

Are you eligible?

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

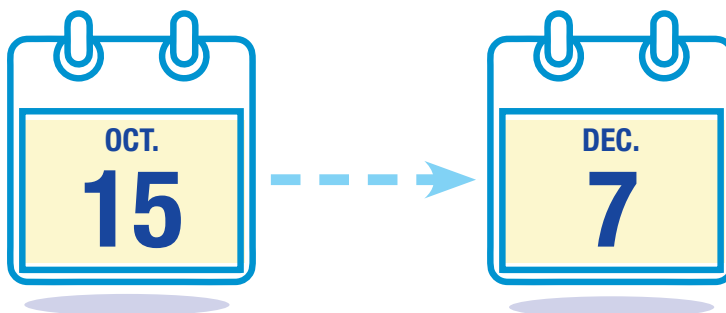
- ▶ An Alabama resident
- ▶ Entitled to Medicare Part A and/or enrolled in Part B

When can you enroll?

You can enroll during your initial enrollment period, the seven-month period that begins on the first day of the month three months before the month you turn 65 and lasts for three months after the birthday month.

Or you can enroll during the open enrollment period, which runs annually from **October 15 to December 7, with coverage beginning January 1**. You also can switch to a different Part D or Medicare Advantage plan during this time.

During a special enrollment period, you can sign up for Part D outside of your initial enrollment period if you meet certain criteria. Ask one of our Medicare specialists for more information to see if you qualify for a special enrollment period.



Insider tip:

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:

2023 PLAN PREMIUM	BlueRx ESSENTIAL	BlueRx ENHANCED	BlueRx ENHANCED PLUS
What you pay each month as a member	\$52.50	\$105.10	\$152.30
1. What you pay — up to a Total Rx annual spend of \$4,660 (the Initial Coverage Limit in 2023)			
<div><div>DEDUCTIBLE</div><div>Your Rx spending before plan benefits begin</div></div> <div><div>COPAY</div><div>What you pay for prescriptions after reaching the deductible</div></div> <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 Drug</div><div>Tier 5 – Specialty Tier</div></div>	<div>\$505</div> <div><div>Standard Cost-Sharing Pharmacy</div><div>After deductible, you pay:</div><div>Tier 1.....\$0</div><div>Tier 2.....\$12</div><div>Tier 3.....\$47</div><div>Tier 4.....50%</div><div>Tier 5.....25%</div></div> <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>	<div>\$505</div> <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.....38%</div><div>Tier 5.....25%</div></div>	<div>\$0</div> <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.....36%</div><div>Tier 5.....33%</div></div>
2. What you pay — when your TOTAL Rx annual spend exceeds \$4,660 and YOUR spend is below \$7,400			
<div>COVERAGE GAP</div>	<div>With all three BlueRx plan options, you pay:</div> <div>25% of generic drug costs and 25% of brand-name costs</div>		
3. What happens when YOUR out-of-pocket Rx dollar spend reaches \$7,400			
<div>CATASTROPHIC COVERAGE</div>	<div>With all three BlueRx plan options:</div> <div>You pay the greater of \$4.15 for generic and \$10.35 for all other drugs OR 5% coinsurance per prescription for the rest of the year. The plan pays the rest.</div>		

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

Why BlueRx?

1. You have options.

Your pharmacy network depends on which plan you choose.

BlueRx ESSENTIAL gives you access to the STANDARD Pharmacy Network.

Standard cost-sharing is available at over 900 retail pharmacies including many major chains and grocers, and hundreds of other local independent neighborhood pharmacies.

BlueRx ENHANCED and BlueRx ENHANCED PLUS give you access to the PREFERRED Pharmacy Network. Our Preferred pharmacy network includes Costco, Kroger, Publix, Sam's, Walgreens, Walmart, Winn-Dixie, and hundreds of local 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.

Visit BCBSALMedicare.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). **The pharmacy network is subject to change.**

2. Rx Savings Solutions service just for BlueRx members

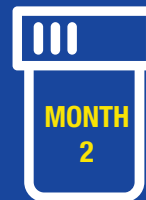
This new service helps you easily find the lowest-price options for prescription drugs. It's linked to your health plan, so everything is personalized for your medications and insurance.

3. Home delivery pharmacy service

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!

Medicare Part D 101:

How prescription drug coverage works

Once you pick a plan, then you need to understand how Medicare Part D 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 2023 standard prescription drug benefit includes four phases of coverage:

PHASE 1: Yearly Deductible Phase: You pay all drug costs

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

PHASE 2: Initial Coverage: You and your plan share drug costs

Once you've met your annual deductible, you move into the INITIAL COVERAGE phase. During this phase, you 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 \$4,660.

PHASE 3: Coverage Gap (or "Donut Hole"): You pay 25% of generic and brand name drug costs

Once you (and Blue Cross) together have reached a combined total drug cost spend of \$4,660, you enter the COVERAGE GAP. During this payment phase in 2023, 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 \$7,400.

PHASE 4: Catastrophic Coverage: You pay a little and your plan pays the rest

Once your total out-of-pocket costs reach \$7,400, you move into the CATASTROPHIC phase. In this phase, you pay a small copay or coinsurance and Blue Cross pays the rest. For 2023 you'll pay \$4.15 for generic drugs, \$10.35 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.

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 a licensed professional 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



STAY CONNECTED!

**Download our FREE Mobile App
and Sign up for Text Messaging.**

Go to AlabamaBlue.com to learn more.

*Monday - Friday, 8 a.m. - 8 p.m. (Oct 1st - Dec 7th: 7 days a week, 8 a.m. - 8 p.m.) On weekends and holidays you may be required to leave a message. Calls will be returned the next business day.

**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.

†Twenty-four hours a day, 7 days a week.

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](https://www.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](https://www.ssa.gov)

3 Alabama Medicaid Agency
1-800-362-1504
TTY users:
1-800-253-0799
[medicaid.alabama.gov](https://www.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](https://www.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](https://www.alabamaageline.gov)

6 Alabama Department of Senior Services
1-800-AGE-LINE
(1-800-243-5463)
TTY users:
1-800-548-2547
[alabamaageline.gov](https://www.alabamaageline.gov)

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) Social Security, (2) the Alabama Medicaid Agency or (3) Medicare.



2023

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Notices

Express Scripts, AllianceRx Walgreens, Kroger PPS, Costco and Amazon Pharmacy are independent companies providing prescription drug home delivery services. NOTE: Although unexpected, pharmacy network participation can change. Please visit BCBSALMedicare.com for the most up-to-date pharmacy information. Prime Therapeutic LLC is an independent pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Alabama (BCBSAL) to provide pharmacy benefit management services. 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.

Blue Advantage is a PPO with a Medicare contract and BlueRx is a PDP plan with a Medicare approved contract. Enrollment in Blue Advantage and BlueRx 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.

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 PlusSM is a Medicare Select Plan and is a private insurance plan regulated by the Alabama Department of Insurance. It is not connected with or endorsed by the U.S. government or the federal Medicare program. Blue Cross and Blue Shield of Alabama 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.





**BlueCross BlueShield
of Alabama**

We cover what matters.

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