

Feel Better.  
with Blue...  
BlueAdvantage!®

2009 Summary of Benefits  
BlueAdvantage PPO Sapphire<sup>SM</sup>  
BlueAdvantage PPO Diamond<sup>SM</sup>



# Introduction to the Summary of Benefits for BlueAdvantage PPO Sapphire and Diamond January 1, 2009 - December 31, 2009 Middle, Northeast, Southeast and West Tennessee

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Thank you for your interest in BlueAdvantage PPO Sapphire or Diamond. Our plan is offered by BlueCross BlueShield of Tennessee, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call BlueCross BlueShield of Tennessee and ask for the "Evidence of Coverage".

## **You Have Choices in Your Health Care.**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like BlueAdvantage PPO Sapphire or Diamond. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call BlueCross BlueShield of Tennessee at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **How Can I Compare My Options?**

You can compare BlueAdvantage PPO Sapphire and Diamond and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## **Where are BlueAdvantage PPO Sapphire and Diamond Available?**

The complete service area for this plan includes Anderson, Bradley, Campbell, Carroll, Davidson, Dyer, Greene, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Knox, Loudon, Marion, Polk, Roane, Sevier, Shelby, Sullivan, Warren and Weakly Counties, TN. You must live in one of these areas to join the plan. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may only do so at certain times of the year. Please call Customer Service for more information.

If you move out of the county where you live, you must call Customer Service in order to update your information. If you do not, you may be disenrolled from BlueAdvantage PPO Sapphire or Diamond. If you move into a county not listed on page 29, please call Customer Service to find out if BlueAdvantage PPO Sapphire or Diamond has a plan in your new county.

## **Who is Eligible to Join BlueAdvantage PPO Sapphire and Diamond?**

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

## **Can I Choose My Doctors?**

BlueAdvantage PPO Sapphire and Diamond have formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at [www.bcbst-medicare.com](http://www.bcbst-medicare.com). Our customer service number is listed at the end of this introduction.

## **What Happens If I Go to a Doctor Who's Not in Your Network?**

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

## **Does My Plan Cover Medicare Part B or Part D Drugs?**

BlueAdvantage PPO Sapphire and Diamond do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## **Where Can I Get My Prescriptions If I Join This Plan?**

BlueAdvantage PPO Sapphire and Diamond have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.bcbst-medicare.com](http://www.bcbst-medicare.com). Our customer service number is listed at the end of this introduction.

## **What Is A Prescription Drug Formulary?**

BlueAdvantage PPO Sapphire and Diamond use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.bcbst-medicare.com](http://www.bcbst-medicare.com).

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

## **How Can I Get Extra Help With Prescription Drug Plan Costs?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join BlueAdvantage PPO Sapphire or Diamond, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **What Are My Protections in This Plan?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of BlueAdvantage PPO Sapphire or Diamond, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug.

If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

## **What is a Medication Therapy Management (MTM) Program?**

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

## **What Types of Drugs May be Covered Under Medicare Part B?**

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

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and infusion drugs provided through DME.

Please call BlueCross BlueShield of Tennessee for more information about this plan. Visit us at [www.bcbst-medicare.com](http://www.bcbst-medicare.com) or, call us:

**Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday  
8:00 a.m. - 9:00 p.m. Eastern

From March 2 to September 30 you may be required to leave a message on weekends and holidays. Calls will be returned the next business day.

Current members should call toll-free (800)-841-7434 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug program. (TTY/TDD (888)-423-9490)

Prospective members should call toll-free (800)-292-5146 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug program. (TTY/TDD (877)-646-6422)

Current members should call locally (800)-841-7434 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Program. (TTY/TDD (888)-423-9490)

Prospective members should call locally (800)-292-5146 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Program. (TTY/TDD (877)-664-6422)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

## Section 2

### Summary of Benefits

IMPORTANT INFORMATION			
Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
1. Premium and Other Important Information	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b></p> <p>\$0 to \$49 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p><b>In-Network</b></p> <p>\$5,000 in-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit with the following exclusions: plan premiums, expenses for Medicare Part D-covered diabetic supplies, health expenses incurred during foreign travel and prescription drug expenses including copays.</p> <p><b>Out-of-Network</b></p> <p>\$5,000 out-of-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit with the following exclusions: plan premiums, expenses for Medicare Part D-covered diabetic supplies, health expenses incurred during foreign travel and prescription drug expenses including copays.</p> <p><b>In and Out-of-Network</b></p> <p>\$10,000 (combined in and out-of-network) out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit with the following exclusions: plan premiums, expenses for Medicare Part D-covered diabetic supplies, health expenses incurred during foreign travel and prescription drug expenses including copays.</p>	<p><b>General</b></p> <p>\$71 to \$123 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p><b>In-Network</b></p> <p>\$2,500 in-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit with the following exclusions: plan premiums, expenses for Medicare Part D-covered diabetic supplies, health expenses incurred during foreign travel and prescription drug expenses including copays.</p> <p><b>Out-of-Network</b></p> <p>\$2,500 out-of-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit with the following exclusions: plan premiums, expenses for Medicare Part D-covered diabetic supplies, health expenses incurred during foreign travel and prescription drug expenses including copays.</p> <p><b>In and Out-of-Network</b></p> <p>\$5,000 (combined in and out-of-pocket) out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit with the following exclusions: plan premiums, expenses for Medicare Part D-covered diabetic supplies, health expenses incurred during foreign travel and prescription drug expenses including copays.</p>

## INPATIENT CARE

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
<p>2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p><b>Out-of-Network</b> Plan covers you when you travel in the U.S.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p><b>Out-of-Network</b> Plan covers you when you travel in the U.S.</p>

## INPATIENT CARE Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period are:</p> <p>Days 1 - 60: \$1,068 deductible</p> <p>Days 61 - 90: \$267 per day</p> <p>Days 91 - 150: \$534 per lifetime reserve day.</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b> For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$250 copay per day</p> <p>Days 6 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> For hospital stays:</p> <p>Days 1 - 5: \$250 copay per day</p> <p>Days 6 - 90: \$0 copay per day</p>	<p><b>In-Network</b> \$0 copay</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> For hospital stays:</p> <p>Days 1 and beyond: \$0 copay per day</p>

## INPATIENT CARE Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
4. Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above)</p> <p>190 day lifetime limit in a Psychiatric Hospital</p>	<p><b>In-Network</b> For hospital stays:</p> <p>Days 1 - 5: \$250 copay per day Days 6 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> For hospital stays:</p> <p>Days 1 - 5: \$250 copay per day Days 6 - 90: \$0 copay per day</p>	<p><b>In-Network</b> For hospital stays:</p> <p>Days 1 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> For hospital stays:</p> <p>Days 1 and beyond: \$0 copay per day</p>

## INPATIENT CARE Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
<p>5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>Days 1 - 20: \$0 per day Days 21 - 100: \$128 per day</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$150 copay per day</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p><b>Out-of-Network</b> For each SNF stay: Days 1 - 20: \$0 copay per SNF day Days 21 - 100: \$150 copay per SNF day</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For SNF stays: Days 1 - 100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p><b>Out-of-Network</b> For each SNF stay: \$0 copay</p>
<p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p> <p><b>Out-of-Network</b> \$0 copay for home health visits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p> <p><b>Out-of-Network</b> \$0 copay for home health visits.</p>

## INPATIENT CARE Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
7. Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>
8. Doctor Office Visits	20% coinsurance	<p><b>General</b> See "Physical Exams," for more information.</p> <p><b>In-Network</b> \$30 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$30 copay for each in-area network urgent care Medicare covered visit.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$45 copay for each primary care doctor visit.</p> <p>\$45 copay for each specialist visit.</p>	<p><b>General</b> See "Physical Exams," for more information.</p> <p><b>In-Network</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 copay for each in-area urgent care Medicare-covered visit.</p> <p>\$10 copay for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$25 copay for each primary care doctor visit.</p> <p>\$25 copay for each specialist visit.</p>

## OUTPATIENT CARE

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
9. Chiropractic Services	<p>Routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>In-Network</b> \$30 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p><b>Out-of-Network</b> \$45 copay for chiropractic benefits.</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p><b>Out-of-Network</b> \$25 copay for chiropractic benefits.</p>
10. Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>In-Network</b> \$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p><b>Out-of-Network</b> \$45 copay for podiatry benefits.</p>	<p><b>In-Network</b> \$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p><b>Out-of-Network</b> \$25 copay for podiatry benefits.</p>
11. Outpatient Mental Health Care	<p>50% coinsurance for most outpatient mental health services.</p>	<p><b>In-Network</b> \$30 copay for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> \$45 copay for Mental Health benefits.</p> <p>\$45 copay for Mental Health benefits with a psychiatrist.</p>	<p><b>In-Network</b> \$10 copay for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> \$25 copay for Mental Health benefits.</p> <p>\$25 copay for Mental Health benefits with a psychiatrist.</p>
12. Outpatient Substance Abuse Care	<p>20% coinsurance</p>	<p><b>In-Network</b> \$30 copay for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> \$45 copay for outpatient substance abuse benefits.</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> \$25 copay for outpatient substance abuse benefits.</p>

## OUTPATIENT CARE Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
13. Outpatient Services/Surgery	20% coinsurance for the doctor  20% of outpatient facility charges	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$250 copay for each Medicare-covered ambulatory surgical center visit.  \$0 to \$250 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><b>Out-of-Network</b> \$300 copay for ambulatory surgical center benefits.  \$300 copay for outpatient hospital facility benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center visit.  \$0 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><b>Out-of-Network</b> \$50 copay for ambulatory surgical center benefits.  \$50 copay for outpatient hospital facility benefits.</p>
14. Ambulance Services  (medically necessary ambulance services)	20% coinsurance	<p><b>In-Network</b> \$200 copay for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$200 copay for ambulance benefits.</p>	<p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$100 copay for ambulance benefits.</p>
15. Emergency Care  (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor  20% of facility charge, or a set copay per emergency room visit  You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.  NOT covered outside the U.S. except under limited circumstances.	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits.</p> <p><b>Out-of-Network</b> \$25,000 limit for emergency services outside the U.S. every year.</p> <p><b>In and Out-of-Network</b> If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits.</p> <p><b>Out-of-Network</b> \$25,000 limit for emergency services outside the U.S. every year.</p> <p><b>In and Out-of-Network</b> If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit</p>
16. Urgently Needed Care  (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay  NOT covered outside the U.S. except under limited circumstances.	<p><b>General</b> \$30 for Medicare-covered urgently needed care visits.  If you are admitted to the hospital within 3-day(s) for the same condition, \$0 for the urgent-care visit.</p>	<p><b>General</b> \$10 for Medicare-covered urgently needed care visits.  If you are admitted to the hospital within 3-day(s) for the same condition, \$0 for the urgent-care visit.</p>

## OUTPATIENT CARE Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
<p>17. Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$30 copay for Medicare-covered Occupational Therapy visits. \$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p><b>Out-of-Network</b> \$45 copay for Occupational Therapy benefits. \$45 copay for Physical and/or Speech/Language Therapy visits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for Medicare-covered Occupational Therapy visits. \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p><b>Out-of-Network</b> \$25 copay for Occupational Therapy benefits. \$25 copay for Physical and/or Speech/Language Therapy visits.</p>
<p>18. Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 30% of the cost for durable medical equipment.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 10% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for durable medical equipment.</p>
<p>19. Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	20% coinsurance	<p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 30% of the cost for prosthetic devices.</p>	<p><b>In-Network</b> 10% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for prosthetic devices.</p>
<p>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p> <p><b>Out-of-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p> <p><b>Out-of-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p>

## OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
21. Diagnostic Tests, X-Rays, and Lab Services	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> </ul> <p>0% of the cost for Medicare-covered X-rays.</p> <p>0% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network</b> 0% to 30% of the cost for diagnostic procedures, tests, and lab services.</p> <p>0% to 30% of the cost for therapeutic radiology services</p> <p>0% to 30% of the cost for Outpatient x-rays.</p> <p>0% to 30% of the cost for diagnostic radiology services</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> </ul> <p>0% of the cost for Medicare-covered X-rays.</p> <p>0% of the cost for Medicare-covered diagnostic radiology services.</p> <p>0% of the cost for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network</b> 0% to 10% of the cost for diagnostic procedures, tests, and lab services.</p> <p>0 to 10% of the cost for therapeutic radiology services</p> <p>0% to 10% of the cost for outpatient x-rays.</p> <p>0 to 10% of the cost for diagnostic radiology services</p>
22. Bone Mass Measurement  (for people with Medicare who are at risk)	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>
23. Colorectal Screening Exams  (for people with Medicare age 50 and older)	<p>20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b> \$0 copay for colorectal screenings.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b> \$0 copay for colorectal screenings.</p>

## OUTPATIENT MEDICAL SERVICES AND SUPPLIES Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
<p>24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p><b>Out-of-Network</b> \$0 copay for immunizations.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p><b>Out-of-Network</b> \$0 copay for immunizations.</p>
<p>25. Mammograms (Annual Screening)  (for women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p> <p><b>Out-of-Network</b> \$0 copay for screening mammograms.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p> <p><b>Out-of-Network</b> \$0 copay for screening mammograms.</p>
<p>26. Pap Smears and Pelvic Exams  (for women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>	<p><b>In-Network</b> \$0 copay for pap smears and pelvic exams.</p> <p><b>Out-of-Network</b> \$0 copay for pap smears and pelvic exams.</p>	<p><b>In-Network</b> \$0 copay for pap smears and pelvic exams.</p> <p><b>Out-of-Network</b> \$0 copay for pap smears and pelvic exams.</p>

## PREVENTIVE SERVICES

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
<p>27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$0 copay for prostate cancer screening.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$0 copay for prostate cancer screening.</p>
<p>28. End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-Network</b> \$20 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b>Out-of-Network</b> \$20 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b>In-Network</b> \$0 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b>Out-of-Network</b> \$0 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

**PREVENTIVE SERVICES Continued**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>BlueAdvantage PPO Sapphire</b>	<b>BlueAdvantage PPO Diamond</b>
29. Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 0% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.bcbst-medicare.com">www.bcbst-medicare.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes,</p> <ul style="list-style-type: none"> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage(i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 0% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>10% of the cost for Part B-covered chemotherapy drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.bcbst-medicare.com">www.bcbst-medicare.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage(i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

## PART D PRESCRIPTION DRUGS

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from BlueAdvantage PPO Sapphire for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>	<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from BlueAdvantage PPO Diamond for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>

## PART D PRESCRIPTION DRUGS Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
		<p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,700:</p> <p><b>Retail Pharmacy</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$15 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$30 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$90 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$55 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$165 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 4</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul>	<p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,700:</p> <p><b>Retail Pharmacy</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$15 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$30 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$90 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$55 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$165 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 4</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul>

**PART D PRESCRIPTION DRUGS Continued**

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
		<p><b>Long Term Care Pharmacy Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$30 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$55 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 4</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>	<p><b>Long Term Care Pharmacy Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$30 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$55 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Tier 4</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>
		<p><b>Mail Order Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$12.50 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$30 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$75 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$55 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$137.50 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 4</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>	<p><b>Mail Order Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$12.50 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$30 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$75 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$55 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$137.50 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Tier 4</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>

## PART D PRESCRIPTION DRUGS Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
		<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- A \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs,</li> <li><b>or</b></li> <li>- 5% coinsurance.</li> </ul>	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- A \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs,</li> <li><b>or</b></li> <li>- 5% coinsurance.</li> </ul>
		<p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BlueAdvantage PPO Sapphire.</p>	<p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BlueAdvantage PPO Diamond.</p>

**PART D PRESCRIPTION DRUGS Continued**

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
		<p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p><b>Out-of-Network Pharmacy Tier 1</b> - \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 2</b> - \$30 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 3</b> - \$55 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 4</b> - 33% coinsurance for a one month (30-day) supply of drugs in this tier</p> <p><b>Out-of-Network Coverage Gap</b> After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BlueAdvantage PPO Sapphire for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueAdvantage PPO Sapphire so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p><b>Out-of-Network Pharmacy Tier 1</b> - \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 2</b> - \$30 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 3</b> - \$55 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 4</b> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p><b>Out-of-Network Coverage Gap</b> After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BlueAdvantage PPO Diamond for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueAdvantage PPO Diamond so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

PART D PRESCRIPTION DRUGS Continued

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
		<p><b>Out-of-Network Catastrophic Coverage</b>                      After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>- A \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs,</li> <li><b>or</b></li> <li>- 5% coinsurance.</li> </ul>	<p><b>Out-of-Network Catastrophic Coverage</b>                      After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>- A \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs,</li> <li><b>or</b></li> <li>- 5% coinsurance.</li> </ul>

## MISCELLANEOUS SERVICES

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
30. Dental Services	Preventive dental services (such as cleaning) not covered.	<p><b>In-Network</b> \$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental benefits (such as cleaning) not covered</p> <p><b>Out-of-Network</b> \$30 copay for comprehensive dental benefits.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- oral exams</li> <li>- cleanings</li> <li>- fluoride treatments</li> <li>- dental x-ray</li> </ul> <p><b>Out-of-Network</b> \$10 copay for comprehensive dental benefits.</p> <p><b>In and Out-of-Network</b> \$150 limit for dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p> <p>Contact the plan for availability of additional in-network and out-of-network comprehensive dental benefits.</p>
31. Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b> In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> <li>- \$30 copay for Medicare-covered diagnostic hearing exams</li> </ul> <p><b>Out-of-Network</b> \$30 copay for hearing exams.</p>	<p><b>In-Network</b> \$0 copay for hearing aids.</p> <ul style="list-style-type: none"> <li>- \$10 copay for Medicare-covered diagnostic hearing exams</li> <li>- \$10 copay for up to 1 routine hearing test(s) every two years</li> <li>- \$10 copay for up to 1 hearing aid fitting evaluation(s) every two years</li> </ul> <p>\$200 limit for hearing aids every two years.</p> <p><b>Out-of-Network</b> \$10 copay for hearing exams.</p>

## MISCELLANEOUS SERVICES *Continued*

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
32. Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b>                      Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after each cataract surgery</li> </ul> <p>\$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p><b>Out-of-Network</b>                      \$30 copay for eye exams.                      \$30 copay for eye wear.</p>	<p><b>In-Network</b></p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after each cataract surgery</li> <li>- glasses</li> <li>- contacts</li> <li>- lenses</li> <li>- frames</li> </ul> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every year.</p> <p><b>Out-of-Network</b>                      \$10 copay for eye exams.                      \$10 copay for eye wear.</p>
33. Physical Exams	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b>In-Network</b>                      \$0 copay for routine exams. Limited to 1 exam(s) every year.</p> <p><b>Out-of-Network</b>                      \$0 copay for routine exams.</p>	<p><b>In-Network</b>                      \$0 copay for routine exams. Limited to 1 exam(s) every year.</p> <p><b>Out-of-Network</b>                      \$0 copay for routine exams.</p>

## MISCELLANEOUS SERVICES *Continued*

Benefit Category	Original Medicare	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<p><b>In-Network</b> This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Other Wellness Benefits</li> </ul> <p><b>Out-of-Network</b> \$0 copay for Health and Wellness services.</p>	<p><b>In-Network</b> This plan covers the following health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Other Wellness Benefits</li> </ul> <p><b>Out-of-Network</b> \$0 copay for Health and Wellness services.</p>
Transportation (Routine)	Not covered.	<p><b>In-Network</b> This plan does not cover routine transportation.</p>	<p><b>In-Network</b> This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture</p>

## Service Area and Premium Table

Use the chart below to determine exactly what your premium will be for each of the plans offered. The counties included in each region are listed below the chart. Find your county to determine your region and which premium you will pay.

Region	BlueAdvantage PPO Sapphire	BlueAdvantage PPO Diamond
<b>Middle Tennessee Region</b>	\$49 per month*	\$123 per month*
<b>Northeast Tennessee Region</b>	\$0 per month*	\$71 per month*
<b>Southeast Tennessee Region</b>	\$30 per month*	\$101 per month*
<b>West Tennessee Region</b>	\$49 per month*	\$123 per month*

\* You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third-party.

### Middle Tennessee Region

Davidson

### Northeast Tennessee Region

Greene

Hancock

Hawkins

Sullivan

### Southeast Tennessee Region

Anderson

Bradley

Campbell

Hamblen

Hamilton

Jefferson

Knox

Loudon

Marion

Polk

Roane

Sevier

Warren

### West Tennessee Region

Carroll

Dyer

Shelby

Weakly

Benefits, premiums, copays, coinsurance, provider directory, formulary, and pharmacy directory may change on Jan. 1, 2010. Call BlueCross BlueShield of Tennessee for more information.





A health plan with a Medicare contract.  
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