

## CONTACT US

For more information or an enrollment packet for any of these products:

**1-800-292-5146**

**8 a.m. to 9 p.m., Eastern Time, 7 days a week.**

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or visit [www.bcbst-medicare.com](http://www.bcbst-medicare.com)

From March 1 to September 30, you may be required to leave a message on weekends and holidays. Your call will be returned on the next business day.



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1 Cameron Hill Circle  
Chattanooga, TN 37402

### **A health plan with a Medicare contract.**

The benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage.

This is an advertisement; for more information contact the plan.

The person who is discussing plan options with you is either employed by or contracted with BlueCross BlueShield of Tennessee. The person may be compensated based on your enrollment in the plan.

BlueAdvantage PFFS is not a Medicare Supplement plan. It is a Medicare Advantage plan that pays instead of Original Medicare. A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare Supplement plan.

Your doctor or hospital is not required to agree to accept the plan's terms and conditions and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: [www.bcbst.com/providers/BenefitHighlights.shtml](http://www.bcbst.com/providers/BenefitHighlights.shtml).

BlueRx is a regional Medicare prescription drug plan provided by Blue Cross and Blue Shield of Alabama and BlueCross BlueShield of Tennessee, Independent Licensees of the BlueCross BlueShield Association.

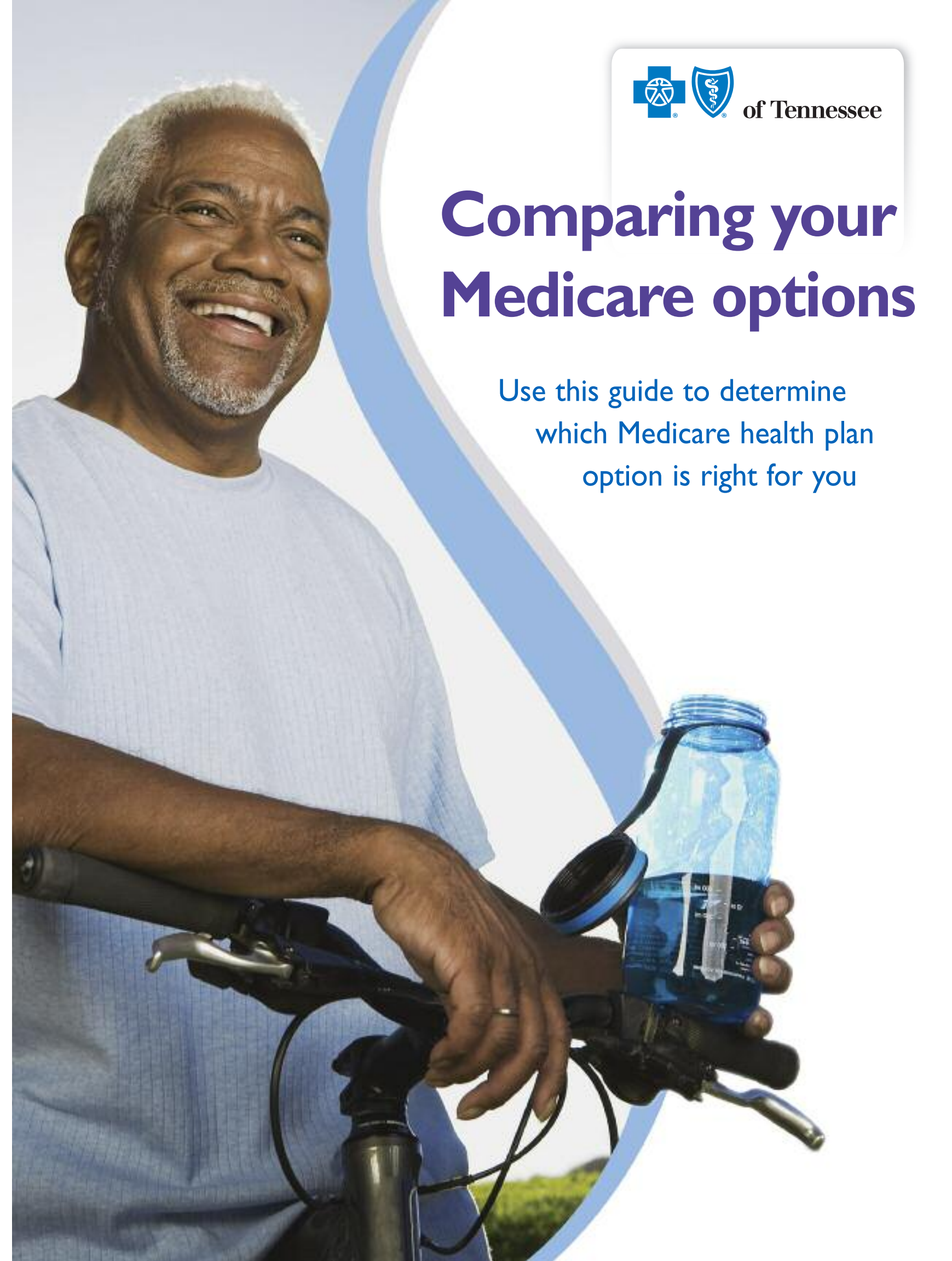
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# Comparing your Medicare options

Use this guide to determine which Medicare health plan option is right for you



## A Medicare Advantage Plan or a Medicare Supplement Plan: Which is right for you?

As a Medicare beneficiary, you have several choices when it comes to your Medicare coverage. We at BlueCross BlueShield of Tennessee have developed this guide to help you determine which option may be best for you. Simply review the charts below to determine if you prefer...

- **A Medical-only Medicare Advantage plan**
- **A Medicare Advantage plan with Prescription Drug Coverage**
- **A Medicare Supplement plan**
- **A Prescription Drug plan to add to Original Medicare, a Medicare Supplement plan, or a Medical-only Medicare Advantage plan**

No matter which type of plan you prefer, you'll see that BlueCross BlueShield of Tennessee has an option for you. Our specific plan information is outlined on pages 3 through 12 of this guide.

### Medicare Advantage Plans

If You Need or Want:	Consider a Medicare Advantage Plan:
Prescription drug coverage included with your medical coverage	Most Medicare Advantage plans include Medicare Part D prescription drug benefits as part of the plan.
Lower monthly premiums than Medicare Supplement plans	Depending on your age, Medicare Advantage premiums may be lower than most Medicare Supplement plans. And unlike Supplement plans, you pay the same monthly premium regardless of your age. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.
Coverage regardless of your health conditions	If you meet the eligibility requirements for the plan, you may enroll and pay the same premium regardless of your health.
No surprises when it comes to what you pay for medical expenses	You pay fixed copays for most medical services and prescription drugs. You will always know exactly what you owe and be able to budget for your medical care.
More than the basic care covered by Original Medicare	Some plans have benefits for hearing, vision, routine exams and dental.
Coverage for preventive screenings and immunizations	100% coverage for services such as mammograms, annual physicals, pap smears, prostate screenings, flu shots and more.
Coverage when you travel	Some plans offer worldwide coverage for emergency care.
A single ID card	Medicare Parts A and B coverage, Medicare Part D prescription drug coverage and additional benefits in one plan. Just present your ID card at your doctor's office, hospital or network pharmacy.

Note: If you leave a Medicare Supplement plan or an employer group plan and enroll in an individual Medicare Advantage plan, you may not be able to return to your previous plan.

### Medicare Supplement Plans

If You Need or Want:	Consider a Medicare Supplement Plan:
To pay very little or nothing out of your own pocket. You don't mind paying a higher premium that increases with your age	Medicare Supplement plans, depending on which plan you choose, cover what Original Medicare does not cover. You will need to purchase a separate prescription drug plan for your Medicare Part D Prescription Drug coverage. (You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third-party.) Some plans have a waiting period before any benefits will be paid on pre-existing conditions, and you may have to answer some health questions to qualify for enrollment.
Coverage when you travel	Some plans offer worldwide coverage for emergency care.

### You may want to add a Prescription Drug Plan to your Original Medicare with or without a Medicare Supplement plan.

If You:	Prescription Drug Plans Offer:
Spend more than \$35 a month on prescription drugs	Coverage for prescription drugs for a monthly premium that is equal to or less than what you currently spend on your prescriptions each month.
Don't want surprises when it comes to your prescription drug costs	Most plans offer convenient copays for covered drugs in the Initial Coverage phase. You'll know exactly what you owe at network pharmacies and be able to budget for your medications.

Compare Medicare Advantage benefits with benefits you get from Original Medicare and Medicare Supplement coverage.

The charts on pages 3-4, 5-6 and 7-8 will give you an idea of how our Medicare Advantage plans compare with Original Medicare and our Medicare Supplement plan (BlueCross65<sup>SM</sup>). Please note that we offer nine different Medicare Supplement plans. For the purposes of this brochure, we are just including our most popular plan, Plan F. The charts on pages 9-11 show you the prescription drug benefits that are included in our Medicare Advantage plans as well as the BlueRx<sup>®</sup> prescription drug benefits that are available to use with Original Medicare or Original Medicare with a Medicare Supplement plan.

We also offer two medical-only BlueAdvantage PFFS<sup>SM</sup> plans.

**Medicare Advantage Plans: BlueAdvantage PFFS Medical-only**

**Original Medicare Part A & B**

**Medicare Supplement Plan**

Covered Services	Basic (PFFS)	Classic (PFFS)	Part A & B	BlueCross65 Plan F
Inpatient Hospital	\$215 per day for days 1-5 Unlimited days	\$100 per day for days 1-3 Unlimited days	You pay for each benefit period: \$1,100 initial deductible days 1-60 \$275 per day for days 61-90 \$550 per day for days 91-150	\$0 per stay up to 455 days
Skilled Nursing Facility	\$0 for days 1-20 \$125 per day for days 21-100	\$0 for days 1-100	You pay for each benefit period: \$0 per day for days 1-20 \$137.50 per day for days 21-100	\$0 per day for days 1-100
Home Health Care	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Office Visit: Routine Specialist	\$30 copay per visit \$45 copay per visit	\$10 copay per visit \$25 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Urgently Needed Care	\$30 copay per visit	\$10 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Outpatient Rehabilitation	\$30 copay per visit	\$10 copay per visit		
Outpatient Surgical Services	\$250 per visit	\$100 per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Ambulance	\$200 per trip	\$100 per trip	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per trip Plan pays Medicare coinsurance plus excess charges
Emergency Care	\$50 per visit Waived if admitted	\$50 per visit Waived if admitted	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Durable Medical Equipment/Prosthetics	20% coinsurance	10% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Medicare Part B Diabetes Supplies	\$0 copay	\$0 copay	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Diagnostic Tests (X-rays and Lab Services)	\$0 per test	\$0 per test	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per test Plan pays Medicare coinsurance plus excess charges
Advanced Imaging & Therapeutic Radiology Services	20% coinsurance	0% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Preventive Services	\$0 for most preventive services and screenings	\$0 for most preventive services and screenings	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Annual Physical Exam	\$0 per annual exam	\$0 per annual exam	No coverage	No coverage
Medicare Part B-covered Chemotherapy Drugs	20% coinsurance	10% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 Plan pays Medicare coinsurance plus excess charges
Prescription Drugs	No coverage. For optional Medicare Part D coverage, see the BlueRx options on page 11	No coverage. For optional Medicare Part D coverage, see the BlueRx options on page 11	No coverage. For optional Medicare Part D coverage, see the BlueRx options on page 11	No coverage. For optional Medicare Part D coverage, see the BlueRx options on page 11
Dental	Not covered	Plan pays \$100	No coverage	No coverage
Routine Hearing Tests	Not covered	\$10 for exams, tests and hearing aid fittings	\$155 Part B deductible. 20% of Medicare-approved amounts for diagnostic hearing exams No coverage for routine hearing exams	0% of Medicare-approved amounts for diagnostic hearing exams No coverage for routine hearing exams
Routine Eye Exams	Not covered	\$10 for eye exams  Plan pays \$100 toward eyewear costs	\$0 for one pair of eyeglasses or contact lenses following cataract surgery \$0 for annual glaucoma screening if you are at risk 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye No coverage for routine eye exams and eyewear	0% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye No coverage for routine eye exams and eyewear
Maximum OOP†	\$5,000	\$2,500	No limit on your out-of-pocket expenses	No limit on your out-of-pocket expenses

† Once your out-of-pocket expenses for most Medicare-covered services reach your plan's out-of-pocket amount in a calendar year, you will no longer be required to pay any copays or coinsurance for those services for the remainder of the year. Expenses that do not apply include: plan premiums, expenses for Medicare Part D-covered diabetic supplies, health expenses incurred during foreign travel or prescription drug expenses including copays.

**Medicare Advantage Plans: BlueAdvantage PFFS**

**Original Medicare Part A & B**

**Medicare Supplement Plan**

Covered Services	Gold (PFFS)	Platinum (PFFS)	Part A & B	BlueCross65 Plan F
Inpatient Hospital	\$100 for days 1-7 Unlimited days	\$100 for days 1-3 Unlimited days	You pay for each benefit period: \$1,100 initial deductible days 1-60 \$275 per day for days 61-90 \$550 per day for days 91-150	\$0 per stay up to 455 days
Skilled Nursing Facility	\$0 for days 1-20 \$75 per day for days 21-100	\$0 for days 1-100	You pay for each benefit period: \$0 per day for days 1-20 \$137.50 per day for days 21-100	\$0 per day for days 1-100
Home Health Care	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Office Visit: Routine Specialist	\$20 copay per visit \$35 copay per visit	\$10 copay per visit \$25 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Urgently Needed Care	\$20 copay per visit	\$10 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Outpatient Rehabilitation	\$20 copay per visit	\$10 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Outpatient Surgical Services	\$200 per visit	\$100 per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Ambulance	\$100 per trip	\$100 per trip	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per trip Plan pays Medicare coinsurance plus excess charges
Emergency Care	\$50 per visit Waived if admitted	\$50 per visit Waived if admitted	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Durable Medical Equipment/Prosthetics	20% coinsurance	10% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Medicare Part B Diabetes Supplies	\$0 copay	\$0 copay	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Diagnostic Tests (X-rays and Lab Services)	\$0 per test	\$0 per test	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per test Plan pays Medicare coinsurance plus excess charges
Advanced Imaging & Therapeutic Radiology Services	15% coinsurance	10% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Preventive Services	\$0 for most preventive services and screenings	\$0 for most preventive services and screenings	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Annual Physical Exam	\$0 per annual exam	\$0 per annual exam	No coverage	No coverage
Medicare Part B-covered Chemotherapy Drugs	20% coinsurance	10% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 Plan pays Medicare coinsurance plus excess charges
Prescription Drugs	See chart on page 9	See chart on page 9	No coverage. For optional Medicare Part D coverage, see the BlueRx options on page 11	No coverage. For optional Medicare Part D coverage, see the BlueRx options on page 11
Dental	Plan pays \$100	Plan pays \$100	No coverage	No coverage
Routine Hearing Tests	\$20 for exams, tests and hearing aid fittings	\$10 for exams, tests and hearing aid fittings	\$155 Part B deductible. 20% of Medicare-approved amounts for diagnostic hearing exams No coverage for routine hearing exams	0% of Medicare-approved amounts for diagnostic hearing exams No coverage for routine hearing exams
Routine Eye Exams	\$20 for eye exams  Plan pays \$100 toward eyewear costs	\$10 for eye exams  Plan pays \$100 toward eyewear costs	\$0 for one pair of eyeglasses or contact lenses following cataract surgery \$0 for annual glaucoma screening if you are at risk 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye No coverage for routine eye exams and eyewear	0% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye No coverage for routine eye exams and eyewear
Maximum OOP†	\$3,400	\$2,500	No limit on your out-of-pocket expenses	No limit on your out-of-pocket expenses

† Once your out-of-pocket expenses for most Medicare-covered services reach your plan's out-of-pocket amount in a calendar year, you will no longer be required to pay any copays or coinsurance for those services for the remainder of the year. Expenses that do not apply include: plan premiums, expenses for Medicare Part D-covered diabetic supplies, health expenses incurred during foreign travel or prescription drug expenses including copays.

**Medicare Advantage Plans: BlueAdvantage PPO<sup>SM</sup>**

**Original Medicare Part A & B**

**Medicare Supplement Plan**

Covered Services	Sapphire (PPO) In-Network	Ruby (PPO) In-Network	Diamond (PPO) In-Network	Part A & B	BlueCross65 Plan F
Inpatient Hospital	\$1,000 inpatient deductible Unlimited days	\$100 for days 1 - 7 Unlimited days	\$100 for days 1-3 Unlimited days	You pay for each benefit period: \$1,100 initial deductible days 1-60 \$275 per day for days 61-90 \$550 per day for days 91-150	\$0 per stay up to 455 days
Skilled Nursing Facility	\$0 for days 1-20 \$125 per day for days 21-100	\$0 for days 1-20 \$150 for days 21-100	\$0 for days 1-100	You pay for each benefit period: \$0 per day for days 1-20 \$137.50 per day for days 21-100	\$0 per day for days 1-100
Home Health Care	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Office Visit: Routine Specialist	\$20 copay per visit \$35 copay per visit	\$20 copay per visit \$35 copay per visit	\$10 copay per visit \$25 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Urgently Needed Care	\$30 copay per visit	\$20 copay per visit	\$10 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Outpatient Rehabilitation	\$20 copay per visit	\$20 copay per visit	\$10 copay per visit		
Outpatient Surgical Services	\$300 per visit	\$200 per visit	\$100 per visit	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Ambulance	\$200 per trip	\$100 per trip	\$100 per trip	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per trip Plan pays Medicare coinsurance plus excess charges
Emergency Care	\$50 per visit Waived if admitted	\$50 per visit Waived if admitted	\$50 per visit Waived if admitted	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Durable Medical Equipment/Prosthetics	20% coinsurance	20% coinsurance	10% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Medicare Part B Diabetes Supplies	\$0 copay	\$0 copay	\$0 copay	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Diagnostic Tests (X-rays and Lab Services)	\$0 per test	\$0 per test	\$0 per test	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per test Plan pays Medicare coinsurance plus excess charges
Advanced Imaging & Therapeutic Radiology Services	20% coinsurance	15% coinsurance	10% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Preventive Services	\$0 for most preventive services and screenings	\$0 for most preventive services and screenings	\$0 for most preventive services and screenings	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 per visit Plan pays Medicare coinsurance plus excess charges
Annual Physical Exam	\$0 per annual exam	\$0 per annual exam	\$0 per annual exam	No coverage	No coverage
Medicare Part B-covered Chemotherapy Drugs	20% coinsurance	20% coinsurance	10% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts	\$0 Plan pays Medicare coinsurance plus excess charges
Prescription Drugs	See chart on page 10	See chart on page 10	See chart on page 10	No coverage. For optional Medicare Part D coverage, see the BlueRx options on page 11	No coverage. For optional Medicare Part D coverage, see the BlueRx options on page 11
Dental	Not covered	Plan pays \$100	Plan pays \$100	No coverage	No coverage
Routine Hearing Tests	Not covered	\$20 for exams, tests and hearing aid fittings	\$10 for exams, tests and hearing aid fittings	\$155 Part B deductible. 20% of Medicare-approved amounts for diagnostic hearing exams No coverage for routine hearing exams	0% of Medicare-approved amounts for diagnostic hearing exams No coverage for routine hearing exams
Routine Eye Exams	Not covered	Not covered	\$10 for eye exams Plan pays \$100 toward eyewear costs	\$0 for one pair of eyeglasses or contact lenses following cataract surgery \$0 for annual glaucoma screening if you are at risk 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye  No coverage for routine eye exams and eyewear	0% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye  No coverage for routine eye exams and eyewear
Maximum OOP†	\$4,000	\$3,400	\$2,500	No limit on your out-of-pocket expenses	No limit on your out-of-pocket expenses

This is just a sample of our benefits offered to you with our BlueAdvantage PPO plans, which are available in Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Carroll, Carter, Chester, Claiborne, Cocke, Coffee, Crockett, Davidson, Dyer, Franklin, Gibson, Giles, Grainger, Greene, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Hickman, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Loudon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Montgomery, Morgan, Obion, Overton, Polk, Roane, Rutherford, Scott, Sequatchie, Sevier, Shelby, Stewart, Sullivan, Tipton, Unicoi, Union, Warren, Washington, Wayne, Weakley, White, Williamson, and Wilson.

† Once your out-of-pocket expenses for most Medicare-covered services reach your plan's out-of-pocket amount in a calendar year, you will no longer be required to pay any copays or coinsurance for those services for the remainder of the year. Expenses that do not apply include: plan premiums, expenses for Medicare Part D-covered diabetic supplies, health expenses incurred during foreign travel or prescription drug expenses including copays.

## BlueAdvantage PFFS Prescription Drug Coverage

The chart below illustrates your drug coverage with BlueAdvantage PFFS.

### Medicare Part D: BlueAdvantage PFFS

Benefit Phase	Gold (PFFS)	Platinum (PFFS)
Monthly Premium	Included in the price of your Medicare Advantage Plan	Included in the price of your Medicare Advantage Plan
Deductible	\$0	\$0
Initial Coverage Limit Total drug costs up to \$2,830 including what you and the plan pay	You Pay: - \$2 for Preferred Generic (Tier 1) - \$10 for Non-Preferred Generic (Tier 2) - \$30 for Preferred Brand (Tier 3) - \$55 for Non-Preferred (Tier 4) - 33% for Specialty (Tier 5)	You Pay: - \$2 for Preferred Generic (Tier 1) - \$10 for Non-Preferred Generic (Tier 2) - \$30 for Preferred Brand (Tier 3) - \$55 for Non-Preferred (Tier 4) - 33% for Specialty (Tier 5)
Coverage Gap No coverage after your initial coverage limit has been met, until your out-of-pocket costs reach \$4,550, including any copays you paid during your initial coverage phase	No coverage You receive discounts when you use network pharmacies	No coverage You receive discounts when you use network pharmacies
Catastrophic Coverage Once your out-of-pocket costs reach \$4,550	You Pay: the greater of: \$2.50 for Tier 1 and \$6.30 for all other drugs <b>or</b> 5% coinsurance	You Pay: the greater of: \$2.50 for Tier 1 and \$6.30 for all other drugs <b>or</b> 5% coinsurance
Formulary* (List of covered drugs)	Expanded	Expanded

\* All plan options include the same prescription drug benefits and use the same pharmacy network. Formularies include drugs from all Medicare Part D-approved drug classes. The Gold (PFFS) and Platinum (PFFS) options have an expanded formulary that covers more drugs than a standard formulary.

#### Save money and time with mail-order service

Have your medications delivered right to your door at no extra charge. You pay 2 1/2 copays for 90-day supply of Tier 1, 2, 3 and 4 drugs for mail order.

The prescription drug benefits above are only available to members of the BlueAdvantage Gold (PFFS) and Platinum (PFFS)<sup>SM</sup> plans, respectively. If you are already enrolled in another Medicare Advantage plan with prescription drugs, you must get your prescription drug benefits from that plan.

## BlueAdvantage PPO Prescription Drug Coverage

The chart below illustrates your drug coverage with BlueAdvantage PPO.

### Medicare Part D: BlueAdvantage PPO

Benefit Phase	Sapphire (PPO)	Ruby (PPO)	Diamond (PPO)
Monthly Premium	Included in the price of your Medicare Advantage Plan	Included in the price of your Medicare Advantage Plan	Included in the price of your Medicare Advantage Plan
Deductible	\$0	\$0	\$0
Initial Coverage Limit Total drug costs up to \$2,830 including what you and the plan pay	You Pay: - \$2 for Preferred Generic (Tier 1) - \$10 for Non-Preferred Generic (Tier 2) - \$45 for Preferred Brand (Tier 3) - \$65 for Non-Preferred (Tier 4) - 33% for Specialty (Tier 5)	You Pay: - \$2 for Preferred Generic (Tier 1) - \$10 for Non-Preferred Generic (Tier 2) - \$30 for Preferred Brand (Tier 3) - \$55 for Non-Preferred (Tier 4) - 33% for Specialty (Tier 5)	You Pay: - \$2 for Preferred Generic (Tier 1) - \$10 for Non-Preferred Generic (Tier 2) - \$30 for Preferred Brand (Tier 3) - \$55 for Non-Preferred (Tier 4) - 33% for Specialty (Tier 5)
Coverage Gap No coverage after your initial coverage limit has been met, until your out-of-pocket costs reach \$4,550, including any copays you paid during your initial coverage phase	No coverage You receive discounts when you use network pharmacies	No coverage You receive discounts when you use network pharmacies	No coverage You receive discounts when you use network pharmacies
Catastrophic Coverage Once your out-of-pocket costs reach \$4,550	You pay: the greater of: \$2.50 for Tier 1 and \$6.30 for all other drugs <b>or</b> 5% coinsurance	You Pay: the greater of: \$2.50 for Tier 1 and \$6.30 for all other drugs <b>or</b> 5% coinsurance	You Pay: the greater of: \$2.50 for Tier 1 and \$6.30 for all other drugs <b>or</b> 5% coinsurance
Formulary* (List of covered drugs)	Standard	Expanded	Expanded

\* All plan options include the same prescription drug benefits and use the same pharmacy network. Both formularies include drugs from all Medicare Part D-approved drug classes. The Ruby (PPO) and Diamond (PPO) option have an expanded formulary that covers more drugs than the standard formulary included with the Sapphire (PPO) option.

#### Save money and time with mail-order service

Have your medications delivered right to your door at no extra charge. You pay 2 1/2 copays for 90-day supply of Tier 1, 2, 3 and 4 drugs for mail order.

The prescription drug benefits above are only available to members of the BlueAdvantage PPO, Sapphire (PPO), Ruby (PPO) and Diamond (PPO)<sup>SM</sup> plans, respectively. If you are already enrolled in another Medicare Advantage plan with prescription drugs, you must get your prescription drug benefits from that plan.

## BlueRx Prescription Drug Plan

The chart below shows you the prescription drug coverage that is available for use with Original Medicare, Original Medicare with a BlueCross65 Supplement plan, or our BlueAdvantage PFFS Medical-only Medicare Advantage Plan.

### Medicare Part D: BlueRx

Benefit Phase	Option I	Option II
Deductible	\$220	\$0
Initial Coverage Limit Total drug costs up to \$2,830 including what you and the plan pays	You Pay: - \$3 for Preferred Generic (Tier 1) - \$5 for Non-Preferred Generic (Tier 2) - \$35 for Preferred Brand (Tier 3) - \$60 for Non-Preferred Brand (Tier 4) - 25% for Specialty (Tier 5) For a 30-day supply at a retail pharmacy	You Pay: - \$2 for Preferred Generic (Tier 1) - \$4 for Non-Preferred Generic (Tier 2) - \$35 for Preferred Brand (Tier 3) - \$60 for Non-Preferred Brand (Tier 4) - 33% for Specialty (Tier 5) For a 30-day supply at a retail pharmacy
Coverage Gap From \$2,830 in total drug costs until your out-of-pocket costs reach \$4,550, including your copays from the Initial Coverage phase	No coverage You receive discounts when you use network pharmacies	Preferred Generic drugs are covered
Catastrophic Coverage Once your out-of-pocket costs reach \$4,550	You Pay: the greater of: \$2.50 for Tier 1 and \$6.30 for all other drugs <b>or</b> 5% coinsurance	You Pay: the greater of: \$2.50 for Tier 1 and \$6.30 for all other drugs <b>or</b> 5% coinsurance
Formulary* (List of covered drugs)	Standard	Expanded

\* Both formularies include drugs from all Medicare Part D approved drug classes. Option II has an expanded formulary that covers more drugs than the standard formulary included with Option I.

Medicare beneficiaries may only be enrolled in one Medicare Part D plan at a time. If you are enrolled in a Medicare Advantage coordinated care HMO, PPO or Private Fee-For-Service plan that includes Medicare prescription drugs, you may not enroll in BlueRx unless you disenroll from your current plan. If you are enrolled in a Private Fee-For-Service plan that does not provide Medicare prescription drug coverage, a Medicare Advantage Medical Savings Account plan or an 1876 Cost plan, you may enroll in BlueRx.

#### Note about benefits in the brochure

This is not a complete list of benefits. For more benefit information, ask your representative for a complete enrollment packet for BlueAdvantage PFFS, PPO, BlueCross65 and BlueRx. The packet will include a Summary of Benefits or Evidence of Coverage with more complete details on the plan benefits.

For detailed information on these plan options and their major exclusions, please review the Evidence of Coverage available at [www.bcbst-medicare.com](http://www.bcbst-medicare.com). Benefits, premiums, copays, coinsurance, formulary, pharmacy and provider directories may change on January 1, 2011.

## Feel Better with These Value-Added Services — Offered at No Extra Cost

The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to BlueCross BlueShield of Tennessee's grievance process. Other terms and conditions may apply. Contact BlueCross BlueShield of Tennessee for more information.

#### An AirMed International membership

All BlueCross65 and Medicare Advantage plans from BlueCross BlueShield of Tennessee entitle you to membership in AirMed International. This membership offers air medical transportation benefits not covered by Original Medicare and is available at no extra cost. If you are traveling and are hospitalized more than 150 miles from home, AirMed will arrange air transportation to a hospital facility of your choice in the U.S. or Canada. With this membership, you can travel with confidence knowing that care at a hospital facility close to home is just a phone call away.

#### Savings of up to 50% on a variety of products and services not covered by Medicare with BluePerks®

With our BluePerks discount program, you can take steps to stay healthy while you save money. Simply show your BlueCross BlueShield of Tennessee member ID card at participating locations to receive discounts on a variety of services, including:

- Fitness memberships
- Vision care (including exams, glasses and contact lenses)
- Weight loss programs
- LASIK corrective vision surgery
- Vitamins, minerals and supplements
- Much more



