

# BlueAdvantage (PPO)<sup>SM</sup> East Summary of Benefits 2019



BlueAdvantage Sapphire (PPO)<sup>SM</sup>  
BlueAdvantage Ruby (PPO)<sup>SM</sup>  
BlueAdvantage Diamond (PPO)<sup>SM</sup>





This is a summary of drug and health services covered by BlueAdvantage Preferred Provider Organization (PPO) East health plans January 1, 2019 through December 31, 2019.

BlueAdvantage is a PPO plan with a Medicare contract. Enrollment in BlueAdvantage depends on contract renewal. These plans do not require referrals to see specialists.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by contacting Member Service or access it online by visiting **[bcbstmedicare.com](http://bcbstmedicare.com)**.

To join BlueAdvantage (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the Tennessee counties listed on the next page organized by region.

## There is more than one plan listed in this Summary of Benefits.

BlueAdvantage<sup>SM</sup> plans have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services.

Out-of-Network/non-contracted providers are under no obligation to treat BlueAdvantage members, except in emergency situations. Please call our member service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to Out-of-Network services.

Premiums	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Monthly Plan Premium by Region</b>	You must continue to pay your Medicare Part B premium. Medicare Part B premiums and plan premiums do not apply to your maximum out-of-pocket limit.		
<b>Northeast - Counties include:</b> Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington	\$0 per month	\$76 per month	\$115 per month
<b>Southeast - Counties include:</b> Anderson, Bledsoe, Blount, Bradley, Campbell, Cannon, Claiborne, Clay, Coker, Cumberland, DeKalb, Fentress, Franklin, Grainger, Grundy, Hamblen, Hamilton, Jackson, Jefferson, Knox, Loudon, Macon, Marion, McMinn, Meigs, Monroe, Morgan, Overton, Pickett, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Smith, Union, Van Buren, Warren, White	\$0 per month	\$91 per month	\$217 per month
<b>Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>
<b>Maximum Out-of-Pocket Responsibility</b>	<p>The most you pay for copays, coinsurance and other costs for <u>medical</u> services for the year. Expenses that do <u>not</u> apply include:</p> <ul style="list-style-type: none"> <li>• Plan premiums</li> <li>• Copays or coinsurance for supplemental dental services</li> <li>• Copays or coinsurance for supplemental vision services</li> <li>• Copays or coinsurance for supplemental hearing services</li> <li>• Copays or coinsurance for Part D covered diabetic supplies</li> <li>• Copays or coinsurance for Part D prescription drug expenses</li> </ul>		
	<b>In-Network:</b> \$5,700 annually <b>Combined In- and Out-of-Network:</b> \$10,000 annually	<b>In-Network:</b> \$4,300 annually <b>Combined In- and Out-of-Network:</b> \$10,000 annually	<b>In-Network:</b> \$3,700 annually <b>Combined In- and Out-of-Network:</b> \$10,000 annually

# Health Benefits

Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Inpatient Hospital Coverage</b>	Prior authorization is required.		
	<p><b>In-Network:</b>  <b>\$300</b> copay per day for days 1 through 5</p> <p><b>\$0</b> copay per day for days 6 and beyond</p> <p><b>Out-of-Network: 50%</b> of the Medicare-allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p><b>In-Network:</b>  <b>\$260</b> copay per day for days 1 through 4</p> <p><b>\$0</b> copay per day for days 5 and beyond</p> <p><b>Out-of-Network: 50%</b> of the Medicare-allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p><b>In-Network:</b>  <b>\$175</b> copay per day for days 1 through 4</p> <p><b>\$0</b> copay per day for days 5 and beyond</p> <p><b>Out-of-Network: 50%</b> of the Medicare-allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
<b>Outpatient Hospital Coverage</b>	Prior authorization is required.		
<b>+ Ambulatory Surgical Center</b>	<p><b>In-Network:</b>  <b>\$275</b> copay</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b>  <b>\$210</b> copay</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b>  <b>\$125</b> copay</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount</p>
<b>+ Outpatient Hospital</b>	<p><b>In-Network:</b>  <b>\$325</b> copay</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b>  <b>\$260</b> copay</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b>  <b>\$175</b> copay</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount</p>

Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond												
<b>Doctor Visits</b>															
<ul style="list-style-type: none"> <li>+ <b>Primary Care Providers</b></li>   <li>+ <b>Specialists</b></li> </ul>	<p><b>In-Network:</b> \$10 copay per visit</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> <p><b>In-Network:</b> \$35 copay per visit</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> \$15 copay per visit</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> <p><b>In-Network:</b> \$35 copay per visit</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> \$15 copay per visit</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> <p><b>In-Network:</b> \$30 copay per visit</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>												
<b>Preventive Care</b>															
<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>+ <b>Abdominal aortic aneurysm screening</b></li>   <li>+ <b>Alcohol misuse counseling</b></li>   <li>+ <b>Bone mass measurement</b></li>   <li>+ <b>Breast cancer screening (mammogram)</b></li> </ul>	<p>Any additional preventive services approved by Original Medicare during the contract year will be covered.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td style="vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td style="vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td style="vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td style="vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td style="vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td style="vertical-align: top;"> <p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> </tr> </table>			<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>
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Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
+ <b>Cardiovascular disease (behavioral therapy)</b>	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount
+ <b>Cardiovascular screenings</b>	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount
+ <b>Cervical and vaginal cancer screening</b>	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount
+ <b>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</b>	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount
+ <b>Depression screening</b>	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount
+ <b>Diabetes screenings</b>	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount
+ <b>HIV screening</b>	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount
+ <b>Medical nutrition therapy services</b>	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network: 50%</b> of the Medicare-allowed amount

Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
+ Obesity screening and counseling	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
+ Prostate cancer screenings (PSA)	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
+ Sexually transmitted infections screening and counseling	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
+ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
+ Vaccines, including flu shots, hepatitis B shots, pneumococcal shots	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
+ “Welcome to Medicare” preventive visit (one-time)	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
+ Yearly “Wellness” visit	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network: \$0</b> copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount



Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Emergency Care</b>	If you are admitted to the hospital within 24 hours, your copay is waived.		
	<b>\$90</b> copay per visit	<b>\$85</b> copay per visit	<b>\$60</b> copay per visit
<b>+ Worldwide Emergency Care</b>	Coverage of emergency services when outside the United States and its territories. Copay is waived if admitted to the hospital.		
	<b>\$90</b> copay per visit	<b>\$85</b> copay per visit	<b>\$60</b> copay per visit
<b>Urgently Needed Services</b>	If you are admitted to the hospital within 24 hours, your copay is waived.		
	<b>\$65</b> copay per visit	<b>\$55</b> copay per visit	<b>\$55</b> copay per visit
<b>+ Worldwide Urgent Coverage</b>	Coverage of urgent services when outside the United States and its territories. Copay is waived if admitted to the hospital.		
	<b>\$90</b> copay per visit	<b>\$85</b> copay per visit	<b>\$60</b> copay per visit
<b>Diagnostic Services/ Labs/Imaging</b>	May require prior authorization. Copay may vary depending on place of service.		
<b>+ Advanced Imaging (such as MRI, CT scans)</b>	<b>In-Network:</b> \$225 copay per visit <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$200 copay per visit <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$175 copay per visit <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
<b>+ Lab services</b>	<b>In-Network:</b> Primary Care Provider \$0 copay  Specialist \$0 copay  Free-Standing Lab \$0 copay  Outpatient (Hospital) \$40 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> Primary Care Provider \$0 copay  Specialist \$0 copay  Free-Standing Lab \$0 copay  Outpatient (Hospital) \$40 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> Primary Care Provider \$0 copay  Specialist \$0 copay  Free-Standing Lab \$0 copay  Outpatient (Hospital) \$30 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount

Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>+ Genetic Testing</b>	<p><b>In-Network:</b> 20% coinsurance</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> 20% coinsurance</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> 20% coinsurance</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>
<b>+ Sleep studies</b>	<p><b>In-Network:</b> In-home \$10 copay</p> <p>Outpatient (Hospital) \$40 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> In-home \$10 copay</p> <p>Outpatient (Hospital) \$40 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> In-home \$10 copay</p> <p>Outpatient (Hospital) \$40 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>
<b>+ Coumadin services</b>	<p><b>In-Network</b> Primary Care Provider \$0 copay</p> <p>Specialist \$0 copay</p> <p>Free-Standing Lab \$0 copay</p> <p>Outpatient (Hospital) \$10 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network</b> Primary Care Provider \$0 copay</p> <p>Specialist \$0 copay</p> <p>Free-Standing Lab \$0 copay</p> <p>Outpatient (Hospital) \$10 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network</b> Primary Care Provider \$0 copay</p> <p>Specialist \$0 copay</p> <p>Free-Standing Lab \$0 copay</p> <p>Outpatient (Hospital) \$10 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>

Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<p><b>+ Diagnostic tests and procedures</b></p>	<p><b>In-Network:</b> Primary Care Provider <b>\$10</b> copay</p> <p>Specialist <b>\$35</b> copay</p> <p>Free-Standing Facility <b>\$40</b> copay</p> <p>Outpatient (Hospital) <b>\$100</b> copay</p> <p><b>Out-of-Network:</b> <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b> Primary Care Provider <b>\$15</b> copay</p> <p>Specialist <b>\$35</b> copay</p> <p>Free-Standing Facility <b>\$40</b> copay</p> <p>Outpatient (Hospital) <b>\$100</b> copay</p> <p><b>Out-of-Network:</b> <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b> Primary Care Provider <b>\$15</b> copay</p> <p>Specialist <b>\$30</b> copay</p> <p>Free-Standing Facility <b>\$30</b> copay</p> <p>Outpatient (Hospital) <b>\$100</b> copay</p> <p><b>Out-of-Network:</b> <b>50%</b> of the Medicare-allowed amount</p>
<p><b>+ Outpatient X-rays</b></p>	<p><b>In-Network:</b> Primary Care Provider <b>\$10</b> copay</p> <p>Specialist <b>\$35</b> copay</p> <p>Free-Standing Radiology Facility <b>\$40</b> copay</p> <p>Outpatient (Hospital) <b>\$50</b> copay</p> <p><b>Out-of-Network:</b> <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b> Primary Care Provider <b>\$15</b> copay</p> <p>Specialist <b>\$35</b> copay</p> <p>Free-Standing Radiology Facility <b>\$40</b> copay</p> <p>Outpatient (Hospital) <b>\$50</b> copay</p> <p><b>Out-of-Network:</b> <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b> Primary Care Provider <b>\$15</b> copay</p> <p>Specialist <b>\$30</b> copay</p> <p>Free-Standing Radiology Facility <b>\$30</b> copay</p> <p>Outpatient (Hospital) <b>\$40</b> copay</p> <p><b>Out-of-Network:</b> <b>50%</b> of the Medicare-allowed amount</p>
<p><b>+ Therapeutic radiology services</b></p>	<p><b>In-Network:</b> <b>\$60</b> copay</p> <p><b>Out-of-Network:</b> <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b> <b>\$40</b> copay</p> <p><b>Out-of-Network:</b> <b>50%</b> of the Medicare-allowed amount</p>	<p><b>In-Network:</b> <b>\$30</b> copay</p> <p><b>Out-of-Network:</b> <b>50%</b> of the Medicare-allowed amount</p>

Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Hearing Services (Medicare-covered)</b>			
+ Hearing exam to diagnose and treat hearing and balance issues	<b>In-Network and Out-of-Network:</b> \$10 copay	<b>In-Network and Out-of-Network:</b> \$10 copay	<b>In-Network and Out-of-Network:</b> \$10 copay
<b>Hearing Services (Supplemental)</b>	Members are required to use the defined hearing aid network, TruHearing™, to obtain routine hearing exam and hearing aid benefit coverage. Routine hearing exam and hearing aid copays do not apply to your maximum out-of-pocket limit.		
+ Routine Hearing exam - up to one per year	<b>In-Network:</b> \$45 copay <b>Out-of-Network:</b> Not covered	<b>In-Network:</b> \$45 copay <b>Out-of-Network:</b> Not covered	<b>In-Network:</b> \$45 copay <b>Out-of-Network:</b> Not covered
+ Hearing aids - 2 per year (one per ear)	<b>In-Network:</b> \$599 or \$899 copay per hearing aid depending on type. <b>Out-of-Network:</b> Not covered  Limited to one per ear per year. Benefit is limited to TruHearing Advanced and Premium hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit.	<b>In-Network:</b> \$599 or \$899 copay per hearing aid depending on type. <b>Out-of-Network:</b> Not covered  Limited to one per ear per year. Benefit is limited to TruHearing Advanced and Premium hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit.	<b>In-Network:</b> \$599 or \$899 copay per hearing aid depending on type. <b>Out-of-Network:</b> Not covered  Limited to one per ear per year. Benefit is limited to TruHearing Advanced and Premium hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit.
<b>Dental Services (Medicare-covered)</b>	Medicare-covered dental services are those which are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician.		
	<b>In-Network:</b> \$40 copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$40 copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$30 copay <b>Out-of-Network:</b> 50% of the Medicare-allowed amount

Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<p><b>Dental Services (Supplemental)</b></p> <p><b>Preventive and comprehensive dental services</b></p>	<p>Our plan pays up to <b>\$2,250</b> every year for combined preventive and comprehensive dental services. This benefit does not apply to the maximum out-of-pocket. To receive In-Network benefits you must see an In-Network DentalBlue<sup>SM</sup> provider.</p> <p>We have negotiated prices with our contracted DentalBlue providers to help maximize this benefit. If you decide to see an Out-of-Network provider, the provider may charge more for these services.</p> <p>If the total covered cost for dental services is more than <b>\$2,250</b> or if you exceed a service limit, you are required to pay the difference.</p>		
<p><b>+ Includes any combination of these services:</b></p> <ul style="list-style-type: none"> <li>- Routine oral exam (up to 2 per year)</li> <li>- Cleaning (up to 2 per year)</li> <li>- Bitewing x-ray (1 per year)</li> <li>- Fillings</li> <li>- Crowns</li> <li>- Extractions</li> <li>- Bridges</li> <li>- Dentures (1 set every three years)</li> </ul>	<p><b>In-Network and Out-of-Network:</b> <b>\$0</b> copay</p>	<p><b>In-Network and Out-of-Network:</b> <b>\$0</b> copay</p>	<p><b>In-Network and Out-of-Network:</b> <b>\$0</b> copay</p>
<p><b>Vision Services (Medicare-covered)</b></p>	<p>Medicare-covered vision services for the diagnosis and treatment of diseases and injuries of the eye.</p>		
<p><b>+ Eye exam (diagnostic)</b></p>	<p><b>In-Network and Out-of-Network:</b> <b>\$40</b> copay</p>	<p><b>In-Network and Out-of-Network:</b> <b>\$40</b> copay</p>	<p><b>In-Network and Out-of-Network:</b> <b>\$30</b> copay</p>



Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Mental Health Services</b>	May require prior authorization.		
<p><b>+ Inpatient visit</b></p>	<p><b>In-Network:</b>  <b>\$300</b> copay per day for days 1 through 5</p> <p><b>\$0</b> copay per day for days 6 and beyond</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. This 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.</p>	<p><b>In-Network:</b>  <b>\$260</b> copay per day for days 1 through 4</p> <p><b>\$0</b> copay per day for days 5 and beyond</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. This 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.</p>	<p><b>In-Network:</b>  <b>\$175</b> copay per day for days 1 through 4</p> <p><b>\$0</b> copay per day for days 5 and beyond</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. This 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.</p>
<p><b>+ Outpatient group therapy visit</b></p>	<p>Prior authorization is required.</p> <p><b>In-Network:</b>  <b>\$20</b> copay per visit</p> <p><b>Out-of-Network:</b>  <b>50%</b> of the Medicare-allowed amount</p>		

Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond															
<p><b>+ Outpatient individual therapy visit</b></p>	<p>Prior authorization is required.</p> <table border="0"> <tr> <td data-bbox="475 493 781 562"> <p><b>In-Network:</b> \$30 copay per visit</p> </td> <td data-bbox="801 493 1107 562"> <p><b>In-Network:</b> \$30 copay per visit</p> </td> <td data-bbox="1127 493 1433 562"> <p><b>In-Network:</b> \$20 copay per visit</p> </td> </tr> <tr> <td data-bbox="475 573 781 667"> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td data-bbox="801 573 1107 667"> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> <td data-bbox="1127 573 1433 667"> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> </td> </tr> </table>			<p><b>In-Network:</b> \$30 copay per visit</p>	<p><b>In-Network:</b> \$30 copay per visit</p>	<p><b>In-Network:</b> \$20 copay per visit</p>	<p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>									
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<p><b>Skilled Nursing Facility (SNF)</b></p>	<p>Prior authorization is required.</p>																	
<p><b>+ Inpatient visit</b></p>	<table border="0"> <tr> <td data-bbox="475 842 781 936"> <p><b>In-Network:</b> \$0 copay per day for days 1 through 20</p> </td> <td data-bbox="801 842 1107 936"> <p><b>In-Network:</b> \$0 copay per day for days 1 through 20</p> </td> <td data-bbox="1127 842 1433 936"> <p><b>In-Network:</b> \$0 copay per day for days 1 through 20</p> </td> </tr> <tr> <td data-bbox="475 974 781 1043"> <p><b>\$172</b> copay per day for days <b>21</b> through <b>100</b></p> </td> <td data-bbox="801 974 1107 1043"> <p><b>\$172</b> copay per day for days <b>21</b> through <b>100</b></p> </td> <td data-bbox="1127 974 1433 1043"> <p><b>\$140</b> copay per day for days <b>21</b> through <b>100</b></p> </td> </tr> <tr> <td data-bbox="475 1081 781 1176"> <p><b>Out-of-Network: 50%</b> of the Medicare-allowed amount per stay</p> </td> <td data-bbox="801 1081 1107 1176"> <p><b>Out-of-Network: 50%</b> of the Medicare-allowed amount per stay</p> </td> <td data-bbox="1127 1081 1433 1176"> <p><b>Out-of-Network: 50%</b> of the Medicare-allowed amount per stay</p> </td> </tr> <tr> <td data-bbox="475 1213 781 1283"> <p>The amounts above apply per benefit period.</p> </td> <td data-bbox="801 1213 1107 1283"> <p>The amounts above apply per benefit period.</p> </td> <td data-bbox="1127 1213 1433 1283"> <p>The amounts above apply per benefit period.</p> </td> </tr> <tr> <td data-bbox="475 1320 781 1955"> <p>Our plan covers up to 100 days in a SNF per benefit period. 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Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Physical Therapy</b>	Prior authorization is required.		
<b>+ Occupational therapy visit</b>	<b>In-Network:</b> \$40 copay per visit  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$40 copay per visit  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$35 copay per visit  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
<b>+ Physical therapy and speech and language therapy visit</b>	<b>In-Network:</b> \$40 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$40 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$35 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
<b>Ambulance</b>	May require prior authorization for non-emergency services.		
<b>+ Ground</b>	\$250 copay per trip	\$150 copay per trip	\$150 copay per trip
<b>+ Air</b>	20% of the Medicare-allowed amount	20% of the Medicare-allowed amount	20% of the Medicare-allowed amount
<b>Transportation</b>	Not covered	Not covered	Not covered
<b>Medicare Part B Drugs</b>	May require prior authorization.		
<b>+ Chemotherapy drugs</b>	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
<b>+ Other Part B drugs</b>	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount

# Prescription Drug Benefits

## 1. Deductible Stage

These plans do not have deductibles for drug benefits. Prescription drug copays and coinsurance do not apply to the maximum out-of-pocket.

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## 2. Initial Coverage Stage

What you pay for: **Preferred** Retail and Mail Order Pharmacy OR **Standard** Retail and Mail Order Pharmacy

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You pay the following until total yearly drug cost (including what our plan paid and what you have paid) reaches **\$3,820**.

Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at preferred retail pharmacies and through the preferred mail order pharmacy program managed by Express Scripts®. Or you can get your drugs from standard retail pharmacies or the standard mail order pharmacy, DrugSource, Inc. Your prescription drug copay will typically be less at a preferred network pharmacy because it has an agreement with BlueAdvantage. Some medications may require prior authorization, step therapy and/or quantity limits. Please see the formulary (drug list).

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## 2. Initial Coverage Stage (Continued)

<b>BlueAdvantage Sapphire</b>	<b>Preferred Retail and Mail Order Pharmacy 30/90 Day Supply</b>	<b>Standard Retail and Mail Order Pharmacy 30/90 Day Supply</b>
Tier 1: Preferred Generic	<b>\$1 / \$1</b> copay	<b>\$6 / \$15</b> copay
Tier 2: Generic	<b>\$10 / \$10</b> copay	<b>\$15 / \$35</b> copay
Tier 3: Preferred Brand	<b>\$42 / \$105</b> copay	<b>\$47 / \$135</b> copay
Tier 4: Non-Preferred Drugs	<b>\$92 / \$225</b> copay	<b>\$97 / \$285</b> copay
Tier 5: Specialty Tier	<b>33%</b> coinsurance / Specialty medications are limited to a 30-day supply	<b>33%</b> coinsurance / Specialty medications are limited to a 30-day supply

<b>BlueAdvantage Ruby</b>	<b>Preferred Retail and Mail Order Pharmacy 30/90 Day Supply</b>	<b>Standard Retail and Mail Order Pharmacy 30/90 Day Supply</b>
Tier 1: Preferred Generic	<b>\$1 / \$1</b> copay	<b>\$6 / \$15</b> copay
Tier 2: Generic	<b>\$5 / \$5</b> copay	<b>\$10 / \$25</b> copay
Tier 3: Preferred Brand	<b>\$28 / \$70</b> copay	<b>\$33 / \$95</b> copay
Tier 4: Non-Preferred Drugs	<b>\$65 / \$165</b> copay	<b>\$70 / \$185</b> copay
Tier 5: Specialty Tier	<b>33%</b> coinsurance / Specialty medications are limited to a 30-day supply	<b>33%</b> coinsurance / Specialty medications are limited to a 30-day supply

<b>BlueAdvantage Diamond</b>	<b>Preferred Retail and Mail Order Pharmacy 30/90 Day Supply</b>	<b>Standard Retail and Mail Order Pharmacy 30/90 Day Supply</b>
Tier 1: Preferred Generic	<b>\$1 / \$1</b> copay	<b>\$6 / \$15</b> copay
Tier 2: Generic	<b>\$5 / \$5</b> copay	<b>\$10 / \$25</b> copay
Tier 3: Preferred Brand	<b>\$28 / \$70</b> copay	<b>\$33 / \$95</b> copay
Tier 4: Non-Preferred Drugs	<b>\$50 / \$125</b> copay	<b>\$55 / \$145</b> copay
Tier 5: Specialty Tier	<b>33%</b> coinsurance / Specialty medications are limited to a 30-day supply	<b>33%</b> coinsurance / Specialty medications are limited to a 30-day supply

### 3. Coverage Gap Stage (Donut Hole)

What you pay for: **Preferred** Retail and Mail Order Pharmacy OR **Standard** Retail and Mail Order Pharmacy

The coverage gap begins after the total yearly costs of your drugs (including what our plan has paid and what you have paid) reaches **\$3,820**.

After you enter the coverage gap, you pay **25%** of the plan's cost for covered brand name drugs and **37%** of the plan's cost for covered generic drugs until your costs total **\$5,100**, which is the end of the coverage gap. With this plan you may pay less than **25%** of the cost of some preferred generic drugs and some preferred brand drugs through the gap. See the chart that follows for more information.

BlueAdvantage Sapphire	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail and Mail Order Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	<b>\$1 / \$1</b> copay	<b>\$6 / \$15</b> copay
Tier 3: Preferred Brand - Some Diabetic Drugs	<b>\$42 / \$105</b> copay	<b>\$47 / \$135</b> copay

BlueAdvantage Ruby	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail and Mail Order Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	<b>\$1 / \$1</b> copay	<b>\$6 / \$15</b> copay
Tier 3: Preferred Brand - Some Diabetic Drugs	<b>\$28 / \$70</b> copay	<b>\$33 / \$95</b> copay

BlueAdvantage Diamond	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail and Mail Order Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	<b>\$1 / \$1</b> copay	<b>\$6 / \$15</b> copay
Tier 3: Preferred Brand - Some Diabetic Drugs	<b>\$28 / \$70</b> copay	<b>\$33 / \$95</b> copay

### 4. Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$5,100**, until 12/31/19, you pay the greater of:

**5%** of the cost, or  
**\$3.40** copay for generic (including brand drugs treated as generic) and an **\$8.50** copay for all other drugs.

## Additional Health Benefits

Additional Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Chiropractic Care</b>	Prior authorization is required.		
<b>+ Manual manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</b>	<b>In-Network:</b> \$20 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$20 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$20 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
<b>Diabetes Self-Management Training</b>			
<b>+ Diabetes self-management training</b>	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount
<b>Foot Care (Podiatry services)</b>	If you have diabetes-related nerve damage and/or meet certain conditions.		
<b>+ Foot exams and treatment</b>	<b>In-Network:</b> \$25 copay per visit  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$25 copay per visit  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$20 copay per visit  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
<b>Home Health Care</b>	Prior authorization is required.		
	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> 50% of the Medicare-allowed amount
<b>Meals</b>	Prior authorization is required. Members are required to use the defined network provider for meal service benefit coverage. Benefit includes up to 2 meals per day for up to 5 days following an acute inpatient hospital or skilled nursing facility stay.		

Additional Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Medical Equipment/Supplies</b>	May require prior authorization.		
<b>+ Durable Medical Equipment (such as wheelchairs, oxygen)</b>	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of Medicare-allowed amount	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of Medicare-allowed amount	<b>In-Network:</b> 15% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of Medicare-allowed amount
<b>+ Prosthetics (such as braces, artificial limbs, ostomy supplies)</b>	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of Medicare-allowed amount	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of Medicare-allowed amount	<b>In-Network:</b> 15% of the Medicare-allowed amount  <b>Out-of-Network:</b> 50% of Medicare-allowed amount
<b>+ Diabetes monitoring supplies</b>	<b>In-Network:</b> \$0 coinsurance  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount	<b>In-Network:</b> \$0 coinsurance  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount	<b>In-Network:</b> \$0 coinsurance  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount
<b>+ Diabetic therapeutic shoes or inserts</b>	<b>In-Network:</b> \$10 copay  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount	<b>In-Network:</b> \$10 copay  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount	<b>In-Network:</b> \$10 copay  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount
<b>Nurseline</b>	You can speak with a registered nurse 24 hours a day, 7 days a week.		
	<b>You pay nothing.</b>		

Additional Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Outpatient Rehabilitation</b>	Prior authorization is required.		
<ul style="list-style-type: none"> <li data-bbox="241 495 601 659">+ <b>Cardiac (heart) rehab services for a maximum of 2 one-hour sessions per day for up to 36 sessions</b></li> <li data-bbox="241 739 601 903">+ <b>Pulmonary (lung) rehab services for a maximum of 2 one-hour sessions per day for up to 36 sessions</b></li> <li data-bbox="241 961 601 1087">+ <b>Supervised Exercise Therapy for Peripheral Artery Disease (SET for PAD)</b></li> </ul>	<p><b>In-Network:</b> \$20 copay per day</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> <p><b>In-Network:</b> \$20 copay per day</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> <p><b>In-Network:</b> \$10 copay per day</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> \$20 copay per day</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> <p><b>In-Network:</b> \$20 copay per day</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> <p><b>In-Network:</b> \$10 copay per day</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> \$20 copay per day</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> <p><b>In-Network:</b> \$20 copay per day</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p> <p><b>In-Network:</b> \$10 copay per day</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>
<b>Outpatient Substance Abuse</b>	Prior authorization is required.		
<ul style="list-style-type: none"> <li data-bbox="241 1314 601 1352">+ <b>Group therapy visit</b></li> </ul>	<p><b>In-Network:</b> \$15 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> \$15 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> \$10 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>
<ul style="list-style-type: none"> <li data-bbox="241 1549 601 1617">+ <b>Individual therapy visit</b></li> </ul>	<p><b>In-Network:</b> \$25 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> \$25 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>	<p><b>In-Network:</b> \$20 copay</p> <p><b>Out-of-Network:</b> 50% of the Medicare-allowed amount</p>

Additional Health Benefits	BlueAdvantage Sapphire	BlueAdvantage Ruby	BlueAdvantage Diamond
<b>Renal Dialysis</b>	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount	<b>In-Network:</b> 20% of the Medicare-allowed amount  <b>Out-of-Network:</b> 20% of the Medicare-allowed amount
<b>Telehealth</b>	Members are required to use the defined telehealth network provided by Physician Now <sup>SM</sup> .		
<b>+ Access to providers by phone or by web for urgent care services</b>	<b>In-Network:</b> \$10 copay per visit  <b>Out-of-Network:</b> Not covered	<b>In-Network:</b> \$15 copay per visit  <b>Out-of-Network:</b> Not covered	<b>In-Network:</b> \$15 copay per visit  <b>Out-of-Network:</b> Not covered
<b>Wellness Programs (such as fitness)</b>	These plans include a SilverSneakers <sup>®</sup> fitness membership.		
<b>+ Fitness membership</b>	<b>You pay nothing</b>	<b>You pay nothing</b>	<b>You pay nothing</b>



# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member service representative at **1-800-292-5146** (TTY: **711**)

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [bcbstmedicare.com](https://www.bcbstmedicare.com) or call **1-800-292-5146** (TTY: **711**) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2020.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

BlueAdvantage is a PPO plan with a Medicare contract. Enrollment in BlueAdvantage depends on contract renewal.





## For more information



If you are a member, call toll-free **1-800-831-BLUE (2583)**, (TTY: **711**).  
If you are not a member, call toll-free **1-800-292-5146**, (TTY: **711**).



Visit us at **[bcbstmedicare.com](http://bcbstmedicare.com)**.

From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET.  
From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.



1 Cameron Hill Circle | Chattanooga, TN 37402 | [bcbstmedicare.com](http://bcbstmedicare.com)

This information is not a complete description of benefits. Call **1-800-831-BLUE (2583)**, TTY: **711** for more information.

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If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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