



# *my* benefits

## Summary of Benefits 2015

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

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

BlueAdvantage Garnet (PPO)<sup>SM</sup>

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



## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-831-2583**. Someone who speaks English/ Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-831-2583**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-831-2583**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-831-2583**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-831-2583**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-831-2583**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-831-2583** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-831-2583**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-831-2583** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-831-2583**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic<sup>1</sup>:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول  
هذه خدمة مجانية العربية على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-138-008-1** سيقوم شخص ما يتحدث  
بمساعتك.

**Hindi<sup>1</sup>:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए  
हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें  
**1-800-831-2583** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक  
मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul  
nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-831-2583**. Un  
nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão  
que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-  
nos através do número **1-800-831-2583**. Irá encontrar alguém que fale o idioma Português para o  
ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan  
plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-831-2583**. Yon  
moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu  
odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza  
znającego język polski, należy zadzwonić pod numer **1-800-831-2583**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、  
無料の通訳サービスがあります。通訳をご用命になるには **1-800-831-2583** にお  
電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

## January 1, 2015 - December 31, 2015

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

## You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **BlueAdvantage Diamond (PPO), BlueAdvantage Ruby (PPO), BlueAdvantage Sapphire (PPO), BlueAdvantage Garnet (PPO)**).

## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **BlueAdvantage Diamond (PPO), BlueAdvantage Ruby (PPO), BlueAdvantage Sapphire (PPO), BlueAdvantage Garnet (PPO)** covers and what you pay.

If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

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.

## Sections in this booklet

- Things to Know About **BlueAdvantage Diamond (PPO), BlueAdvantage Ruby (PPO), BlueAdvantage Sapphire (PPO), BlueAdvantage Garnet (PPO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at **1-800-831-BLUE (2583)**.

## Things to Know About **BlueAdvantage Diamond(PPO), BlueAdvantage Ruby(PPO), BlueAdvantage Sapphire(PPO), BlueAdvantage Garnet(PPO)**

### Hours of Operation

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 9:00 p.m. Eastern time.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time.

### **BlueAdvantage Diamond (PPO), BlueAdvantage Ruby (PPO), BlueAdvantage Sapphire (PPO), BlueAdvantage Garnet (PPO)**

### Phone Numbers and Website

If you are a member of this plan, call toll-free **1-800-831-BLUE (2583)**.

If you are not a member of this plan, call toll-free **1-800-292-5146**.

Our website: **[bcbst-medicare.com](http://bcbst-medicare.com)**

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## Who can join?

To join **BlueAdvantage Diamond (PPO)**, **BlueAdvantage Ruby (PPO)**, **BlueAdvantage Sapphire (PPO)**, or **BlueAdvantage Garnet (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

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

The northeast Tennessee service area for **BlueAdvantage Sapphire (PPO)**, **BlueAdvantage Ruby (PPO)** and **BlueAdvantage Diamond (PPO)** includes the following counties: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington.

The southeast Tennessee service area for **BlueAdvantage Sapphire (PPO)**, **BlueAdvantage Ruby (PPO)** and **BlueAdvantage Diamond (PPO)** includes the following counties: Anderson, Bledsoe, Blount, Bradley, Campbell, Cannon, Claiborne, Clay, Cocke, 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 and White.

The middle Tennessee service area for **BlueAdvantage Garnet (PPO)**, **BlueAdvantage Ruby (PPO)** and **BlueAdvantage Diamond (PPO)** includes the following counties: Bedford, Cheatham, Coffee, Davidson, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Montgomery, Moore, Perry, Robertson, Rutherford, Stewart, Sumner, Trousdale, Wayne, Williamson and Wilson.

The west Tennessee service area for **BlueAdvantage Garnet (PPO)**, **BlueAdvantage Ruby (PPO)** and **BlueAdvantage Diamond (PPO)** includes the following counties: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton and Weakley.

## Which doctors, hospitals, and pharmacies can I use?

**BlueAdvantage Diamond (PPO)**, **BlueAdvantage Ruby (PPO)**, **BlueAdvantage Sapphire (PPO)**, **BlueAdvantage Garnet (PPO)** has 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. But if you want to, you can also use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website ([bcbst-medicare.com](http://bcbst-medicare.com)). Or, call us and we will send you a copy of the provider and pharmacy directories.





## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **[bcbst-medicare.com](http://bcbst-medicare.com)**.
- Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

# Summary of Benefits

January 1, 2015 - December 31, 2015

## MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>How much is the monthly premium?</b>	<p>Please refer to the Premium Table to find out the premium in your area.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p>	<p>Please refer to the Premium Table to find out the premium in your area.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p>	<p><b>\$0</b> per month.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p>
<b>How much is the deductible?</b>	<p>This plan does not have a deductible.</p>	<p>This plan does not have a deductible.</p>	<p>This plan does not have a deductible.</p>
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p><b>Your yearly limit(s) in this plan:</b></p> <p>Please refer to the Cost-Sharing Table to find out the cost-sharing in your area.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p><b>Your yearly limit(s) in this plan:</b></p> <p>Please refer to the Cost-Sharing Table to find out the cost-sharing in your area.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p><b>Your yearly limit(s) in this plan:</b></p> <p>Please refer to the Cost-Sharing Table to find out the cost-sharing in your area.</p>



Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<p><b>Is there any limit on how much I will pay for my covered services?</b> <i>(Continued)</i></p>	<p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<p><b>Is there a limit on how much the plan will pay?</b></p>	<p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>	<p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>	<p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>

BlueCross BlueShield of Tennessee, Inc. is a PPO plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal.

## COVERED MEDICAL AND HOSPITAL BENEFITS

### NOTE

- Services with a <sup>1</sup> may require prior authorization.
- Services with a <sup>2</sup> may require a referral from your doctor.

Outpatient Care and Services			
Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Acupuncture and Other Alternative Therapies</b>	Not covered	Not covered	Not covered
<b>Ambulance<sup>1</sup></b>	<b>In-network:</b> <b>\$150</b> copay  <b>Out-of-network:</b> <b>\$150</b> copay	<b>In-network:</b> <b>\$150</b> copay  <b>Out-of-network:</b> <b>\$150</b> copay	<b>In-network:</b> <b>\$250</b> copay  <b>Out-of-network:</b> <b>\$250</b> copay
<b>Chiropractic Care<sup>1</sup></b>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):  <b>In-network:</b> <b>\$20</b> copay  <b>Out-of-network:</b> <b>50%</b> of the cost	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):  <b>In-network:</b> <b>\$20</b> copay  <b>Out-of-network:</b> <b>50%</b> of the cost	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):  <b>In-network:</b> <b>\$20</b> copay  <b>Out-of-network:</b> <b>50%</b> of the cost

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Dental Services</b>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <p><b>In-network:</b> <b>\$30</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p>
<b>Diabetes Supplies and Services</b>	<p><b>Diabetes monitoring supplies:</b></p> <p><b>In-network:</b> <b>You pay nothing</b></p> <p><b>Out-of-network:</b> <b>20%</b> of the cost</p> <p><b>Diabetes self-management training:</b></p> <p><b>In-network:</b> <b>You pay nothing</b></p> <p><b>Out-of-network:</b> <b>20%</b> of the cost</p> <p><b>Therapeutic shoes or inserts:</b></p> <p><b>In-network:</b> <b>You pay nothing</b></p> <p><b>Out-of-network:</b> <b>20%</b> of the cost</p>	<p><b>Diabetes monitoring supplies:</b></p> <p><b>In-network:</b> <b>You pay nothing</b></p> <p><b>Out-of-network:</b> <b>20%</b> of the cost</p> <p><b>Diabetes self-management training:</b></p> <p><b>In-network:</b> <b>You pay nothing</b></p> <p><b>Out-of-network:</b> <b>20%</b> of the cost</p> <p><b>Therapeutic shoes or inserts:</b></p> <p><b>In-network:</b> <b>You pay nothing</b></p> <p><b>Out-of-network:</b> <b>20%</b> of the cost</p>	<p><b>Diabetes monitoring supplies:</b></p> <p><b>In-network:</b> <b>You pay nothing</b></p> <p><b>Out-of-network:</b> <b>20%</b> of the cost</p> <p><b>Diabetes self-management training:</b></p> <p><b>In-network:</b> <b>You pay nothing</b></p> <p><b>Out-of-network:</b> <b>20%</b> of the cost</p> <p><b>Therapeutic shoes or inserts:</b></p> <p><b>In-network:</b> <b>You pay nothing</b></p> <p><b>Out-of-network:</b> <b>20%</b> of the cost</p>

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays<sup>1</sup></b>	<p><b>Diagnostic radiology services (such as MRIs, CT scans):</b></p> <p><b>In-network:</b> \$150 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Diagnostic tests and procedures:</b></p> <p><b>In-network:</b> \$0-25 copay, depending on the service</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Lab services:</b></p> <p><b>In-network:</b> \$0-25 copay, depending on the service</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Outpatient x-rays:</b></p> <p><b>In-network:</b> \$0-25 copay, depending on the service</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p><b>Diagnostic radiology services (such as MRIs, CT scans):</b></p> <p><b>In-network:</b> \$175 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Diagnostic tests and procedures:</b></p> <p><b>In-network:</b> \$0-25 copay, depending on the service</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Lab services:</b></p> <p><b>In-network:</b> \$0-25 copay, depending on the service</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Outpatient x-rays:</b></p> <p><b>In-network:</b> \$0-25 copay, depending on the service</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p><b>Diagnostic radiology services (such as MRIs, CT scans):</b></p> <p><b>In-network:</b> \$200 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Diagnostic tests and procedures:</b></p> <p><b>In-network:</b> \$0-25 copay, depending on the service</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Lab services:</b></p> <p><b>In-network:</b> \$0-25 copay, depending on the service</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Outpatient x-rays:</b></p> <p><b>In-network:</b> \$0-25 copay, depending on the service</p> <p><b>Out-of-network:</b> 50% of the cost</p>

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<p><b>Diagnostic Tests, Lab and Radiology Services, and X-Rays<sup>1</sup></b> <i>(Continued)</i></p>	<p><b>Therapeutic radiology services</b> (such as radiation treatment for cancer):</p> <p><b>In-network:</b> <b>\$30</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p>The copay amount for Diagnostic tests and procedures, Lab services, and Outpatient X-rays can vary depending on the service:</p> <p><b>\$0</b> primary care doctor <b>\$10</b> specialist or freestanding facility <b>\$25</b> outpatient (hospital)</p>	<p><b>Therapeutic radiology services</b> (such as radiation treatment for cancer):</p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p>The copay amount for Diagnostic tests and procedures, Lab services, and Outpatient X-rays can vary depending on the service:</p> <p><b>\$0</b> primary care doctor <b>\$10</b> specialist or freestanding facility <b>\$25</b> outpatient (hospital)</p>	<p><b>Therapeutic radiology services</b> (such as radiation treatment for cancer):</p> <p><b>In-network:</b> <b>\$60</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p>The copay amount for Diagnostic tests and procedures, Lab services, and Outpatient X-rays can vary depending on the service:</p> <p><b>\$0</b> primary care doctor <b>\$10</b> specialist or freestanding facility <b>\$25</b> outpatient (hospital)</p>
<p><b>Doctor's Office Visits</b></p>	<p><b>Primary care physician visit:</b></p> <p><b>In-network:</b> <b>\$15</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p><b>Specialist visit:</b></p> <p><b>In-network:</b> <b>\$30</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p>	<p><b>Primary care physician visit:</b></p> <p><b>In-network:</b> <b>\$15</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p><b>Specialist visit:</b></p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p>	<p><b>Primary care physician visit:</b></p> <p><b>In-network:</b> <b>\$10</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p><b>Specialist visit:</b></p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p>

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Durable Medical Equipment</b> (wheelchairs, oxygen, etc.) <sup>1</sup>	<b>In-network:</b> 15% of the cost  <b>Out-of-network:</b> 50% of the cost	<b>In-network:</b> 20% of the cost  <b>Out-of-network:</b> 50% of the cost	<b>In-network:</b> 20% of the cost  <b>Out-of-network:</b> 50% of the cost
<b>Emergency Care</b>	<b>\$65 copay</b>  If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$65 copay</b>  If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$65 copay</b>  If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
<b>Foot Care</b> (podiatry services)	<b>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</b> <b>In-network:</b> <b>\$30 copay</b>  <b>Out-of-network:</b> <b>50% of the cost</b>	<b>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</b> <b>In-network:</b> <b>\$30 copay</b>  <b>Out-of-network:</b> <b>50% of the cost</b>	<b>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</b> <b>In-network:</b> <b>\$30 copay</b>  <b>Out-of-network:</b> <b>50% of the cost</b>
<b>Hearing Services</b>	<b>Exam to diagnose and treat hearing and balance issues:</b> <b>In-network:</b> <b>\$15 copay</b>  <b>Out-of-network:</b> <b>\$15 copay</b>	<b>Exam to diagnose and treat hearing and balance issues:</b> <b>In-network:</b> <b>\$15 copay</b>  <b>Out-of-network:</b> <b>\$15 copay</b>	<b>Exam to diagnose and treat hearing and balance issues:</b> <b>In-network:</b> <b>\$15 copay</b>  <b>Out-of-network:</b> <b>\$15 copay</b>

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Hearing Services</b>  <i>(Continued)</i>	<b>Routine hearing exam (for up to 1 every year)</b>  <b>In-network:</b> \$15 copay  <b>Out-of-network:</b> \$15 copay	<b>Routine hearing exam (for up to 1 every year)</b>  <b>In-network:</b> \$15 copay  <b>Out-of-network:</b> \$15 copay	<b>Routine hearing exam (for up to 1 every year)</b>  <b>In-network:</b> \$15 copay  <b>Out-of-network:</b> \$15 copay
<b>Home Health Care<sup>1</sup></b>	<b>In-network:</b> You pay nothing  <b>Out-of-network:</b> 50% of the cost	<b>In-network:</b> You pay nothing  <b>Out-of-network:</b> 50% of the cost	<b>In-network:</b> You pay nothing  <b>Out-of-network:</b> 50% of the cost
<b>Mental Health Care<sup>1</sup></b>	<b>Inpatient visit:</b> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.  Our plan covers 90 days for an inpatient hospital stay.  Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.	<b>Inpatient visit:</b> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.  Our plan covers 90 days for an inpatient hospital stay.  Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.	<b>Inpatient visit:</b> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.  Our plan covers 90 days for an inpatient hospital stay.  Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.



Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Mental Health Care<sup>1</sup></b> <i>(Continued)</i>	<p>But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p><b>In-network:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$175</b> copay per day for days 1 through 4</li> <li>▪ <b>You pay nothing</b> for days 5 through 90</li> </ul> <p><b>Out-of-network:</b> 50% of the cost per stay</p> <p><b>Outpatient group therapy visit:</b></p> <p><b>In-network:</b> \$35 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Outpatient individual therapy visit:</b></p> <p><b>In-network:</b> \$35 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p>But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p><b>In-network:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$260</b> copay per day for days 1 through 4</li> <li>▪ <b>You pay nothing</b> for days 5 through 90</li> </ul> <p><b>Out-of-network:</b> 50% of the cost per stay</p> <p><b>Outpatient group therapy visit:</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Outpatient individual therapy visit:</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p>But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p><b>In-network:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$300</b> copay per day for days 1 through 5</li> <li>▪ <b>You pay nothing</b> for days 6 through 90</li> </ul> <p><b>Out-of-network:</b> 50% of the cost per stay</p> <p><b>Outpatient group therapy visit:</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Outpatient individual therapy visit:</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p>

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Outpatient Rehabilitation<sup>1</sup></b>	<p><b>Cardiac (heart) rehab services</b> (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <p><b>In-network:</b> <b>\$35</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p><b>Occupational therapy visit:</b></p> <p><b>In-network:</b> <b>\$35</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p><b>Physical therapy and speech and language therapy visit:</b></p> <p><b>In-network:</b> <b>\$35</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p>	<p><b>Cardiac (heart) rehab services</b> (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p><b>Occupational therapy visit:</b></p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p><b>Physical therapy and speech and language therapy visit:</b></p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p>	<p><b>Cardiac (heart) rehab services</b> (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p><b>Occupational therapy visit:</b></p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p> <p><b>Physical therapy and speech and language therapy visit:</b></p> <p><b>In-network:</b> <b>\$40</b> copay</p> <p><b>Out-of-network:</b> <b>50%</b> of the cost</p>

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Outpatient Substance Abuse<sup>1</sup></b>	<p><b>Group therapy visit:</b></p> <p><b>In-network:</b> \$35 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Individual therapy visit:</b></p> <p><b>In-network:</b> \$35 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p><b>Group therapy visit:</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Individual therapy visit:</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p><b>Group therapy visit:</b></p> <p><b>In-network:</b> \$45 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Individual therapy visit:</b></p> <p><b>In-network:</b> \$45 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p>
<b>Outpatient Surgery<sup>1</sup></b>	<p><b>Ambulatory surgical center:</b></p> <p><b>In-network:</b> \$100 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Outpatient hospital:</b></p> <p><b>In-network:</b> \$100 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p><b>Ambulatory surgical center:</b></p> <p><b>In-network:</b> \$200 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Outpatient hospital:</b></p> <p><b>In-network:</b> \$200 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p><b>Ambulatory surgical center:</b></p> <p><b>In-network:</b> \$300 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Outpatient hospital:</b></p> <p><b>In-network:</b> \$300 copay</p> <p><b>Out-of-network:</b> 50% of the cost</p>
<b>Over-the-Counter Items</b>	Not Covered	Not Covered	Not Covered

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Prosthetic Devices</b> (braces, artificial limbs, etc.) <sup>1</sup>	<b>Prosthetic devices:</b> <b>In-network:</b> <b>15%</b> of the cost <b>Out-of-network:</b> <b>50%</b> of the cost  <b>Related medical supplies:</b> <b>In-network:</b> <b>15%</b> of the cost <b>Out-of-network:</b> <b>50%</b> of the cost	<b>Prosthetic devices:</b> <b>In-network:</b> <b>20%</b> of the cost <b>Out-of-network:</b> <b>50%</b> of the cost  <b>Related medical supplies:</b> <b>In-network:</b> <b>20%</b> of the cost <b>Out-of-network:</b> <b>50%</b> of the cost	<b>Prosthetic devices:</b> <b>In-network:</b> <b>20%</b> of the cost <b>Out-of-network:</b> <b>50%</b> of the cost  <b>Related medical supplies:</b> <b>In-network:</b> <b>20%</b> of the cost <b>Out-of-network:</b> <b>50%</b> of the cost
<b>Renal Dialysis</b>	<b>In-network:</b> <b>20%</b> of the cost  <b>Out-of-network:</b> <b>20%</b> of the cost	<b>In-network:</b> <b>20%</b> of the cost  <b>Out-of-network:</b> <b>20%</b> of the cost	<b>In-network:</b> <b>20%</b> of the cost  <b>Out-of-network:</b> <b>20%</b> of the cost
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Urgent Care</b>	<b>\$35</b> copay If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$35</b> copay If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$45</b> copay If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs.

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Vision Services</b>	<p><b>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</b></p> <p><b>In-network:</b> \$30 copay</p> <p><b>Out-of-network:</b> \$30 copay</p> <p><b>Routine eye exam (for up to 1 every year):</b></p> <p><b>In-network:</b> \$30 copay</p> <p><b>Out-of-network:</b> \$30 copay</p> <p><b>Contact lenses:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p><b>Eyeglasses (frames and lenses):</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p>	<p><b>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> \$40 copay</p> <p><b>Routine eye exam (for up to 1 every year):</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> \$40 copay</p> <p><b>Contact lenses:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p><b>Eyeglasses (frames and lenses):</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p>	<p><b>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> \$40 copay</p> <p><b>Routine eye exam (for up to 1 every year):</b></p> <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> \$40 copay</p> <p><b>Contact lenses:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p><b>Eyeglasses (frames and lenses):</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p>

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Vision Services</b> <i>(Continued)</i>	<p><b>Eyeglass frames:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p><b>Eyeglass lenses:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p><b>Eyeglasses or contact lenses after cataract surgery:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p>Our plan pays up to <b>\$175</b> every year for eyewear from any provider.</p>	<p><b>Eyeglass frames:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p><b>Eyeglass lenses:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p><b>Eyeglasses or contact lenses after cataract surgery:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p>Our plan pays up to <b>\$175</b> every year for eyewear from any provider.</p>	<p><b>Eyeglass frames:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p><b>Eyeglass lenses:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p><b>Eyeglasses or contact lenses after cataract surgery:</b></p> <p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> You pay nothing</p> <p>Our plan pays up to <b>\$100</b> every year for eyewear from any provider.</p>

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Preventive Care</b>	<p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>▪ Abdominal aortic aneurysm screening</li> <li>▪ Alcohol misuse counseling</li> <li>▪ Bone mass measurement</li> <li>▪ Breast cancer screening (mammogram)</li> <li>▪ Cardiovascular disease (behavioral therapy)</li> <li>▪ Cardiovascular screenings</li> <li>▪ Cervical and vaginal cancer screening</li> <li>▪ Colonoscopy</li> <li>▪ Colorectal cancer screenings</li> <li>▪ Depression screening</li> <li>▪ Diabetes screenings</li> <li>▪ Fecal occult blood test</li> <li>▪ Flexible sigmoidoscopy</li> <li>▪ HIV screening</li> <li>▪ Medical nutrition therapy services</li> </ul>	<p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>▪ Abdominal aortic aneurysm screening</li> <li>▪ Alcohol misuse counseling</li> <li>▪ Bone mass measurement</li> <li>▪ Breast cancer screening (mammogram)</li> <li>▪ Cardiovascular disease (behavioral therapy)</li> <li>▪ Cardiovascular screenings</li> <li>▪ Cervical and vaginal cancer screening</li> <li>▪ Colonoscopy</li> <li>▪ Colorectal cancer screenings</li> <li>▪ Depression screening</li> <li>▪ Diabetes screenings</li> <li>▪ Fecal occult blood test</li> <li>▪ Flexible sigmoidoscopy</li> <li>▪ HIV screening</li> <li>▪ Medical nutrition therapy services</li> </ul>	<p><b>In-network:</b> You pay nothing</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>▪ Abdominal aortic aneurysm screening</li> <li>▪ Alcohol misuse counseling</li> <li>▪ Bone mass measurement</li> <li>▪ Breast cancer screening (mammogram)</li> <li>▪ Cardiovascular disease (behavioral therapy)</li> <li>▪ Cardiovascular screenings</li> <li>▪ Cervical and vaginal cancer screening</li> <li>▪ Colonoscopy</li> <li>▪ Colorectal cancer screenings</li> <li>▪ Depression screening</li> <li>▪ Diabetes screenings</li> <li>▪ Fecal occult blood test</li> <li>▪ Flexible sigmoidoscopy</li> <li>▪ HIV screening</li> <li>▪ Medical nutrition therapy services</li> </ul>



Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Preventive Care</b> <i>(Continued)</i>	<ul style="list-style-type: none"> <li>▪ Obesity screening and counseling</li> <li>▪ Prostate cancer screenings (PSA)</li> <li>▪ Sexually transmitted infections screening and counseling</li> <li>▪ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>▪ Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>▪ “Welcome to Medicare” preventive visit (one-time)</li> <li>▪ Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> <li>▪ Obesity screening and counseling</li> <li>▪ Prostate cancer screenings (PSA)</li> <li>▪ Sexually transmitted infections screening and counseling</li> <li>▪ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>▪ Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>▪ “Welcome to Medicare” preventive visit (one-time)</li> <li>▪ Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> <li>▪ Obesity screening and counseling</li> <li>▪ Prostate cancer screenings (PSA)</li> <li>▪ Sexually transmitted infections screening and counseling</li> <li>▪ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>▪ Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>▪ “Welcome to Medicare” preventive visit (one-time)</li> <li>▪ Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>Hospice</b>	<p><b>You pay nothing</b> for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>	<p><b>You pay nothing</b> for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>	<p><b>You pay nothing</b> for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>

Inpatient Care			
Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Inpatient Hospital Care<sup>1</sup></b>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p><b>In-network:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$175</b> copay per day for days 1 through 4</li> <li>▪ <b>You pay nothing</b> for days 5 through 90</li> <li>▪ <b>You pay nothing</b> for days 91 and beyond</li> </ul> <p><b>Out-of-network:</b> <b>50%</b> of the cost per stay</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p><b>In-network:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$260</b> copay per day for days 1 through 4</li> <li>▪ <b>You pay nothing</b> for days 5 through 90</li> <li>▪ <b>You pay nothing</b> for days 91 and beyond</li> </ul> <p><b>Out-of-network:</b> <b>50%</b> of the cost per stay</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p><b>In-network:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$300</b> copay per day for days 1 through 5</li> <li>▪ <b>You pay nothing</b> for days 6 through 90</li> <li>▪ <b>You pay nothing</b> for days 91 and beyond</li> </ul> <p><b>Out-of-network:</b> <b>50%</b> of the cost per stay</p>
<b>Inpatient Mental Health Care</b>	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	<p>Our plan covers up to 100 days in a SNF.</p> <p><b>In-network:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay per day for days 1 through 20</li> <li>▪ <b>\$125</b> copay per day for days 21 through 100</li> </ul> <p><b>Out-of-network:</b> <b>50%</b> of the cost per stay</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p><b>In-network:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay per day for days 1 through 20</li> <li>▪ <b>\$150</b> copay per day for days 21 through 100</li> </ul> <p><b>Out-of-network:</b> <b>50%</b> of the cost per stay</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p><b>In-network:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay per day for days 1 through 20</li> <li>▪ <b>\$150</b> copay per day for days 21 through 100</li> </ul> <p><b>Out-of-network:</b> <b>50%</b> of the cost per stay</p>

<b>Prescription Drug Benefits</b>			
<b>Benefit</b>	<b>BlueAdvantage Diamond (PPO)</b>	<b>BlueAdvantage Ruby (PPO)</b>	<b>BlueAdvantage Sapphire &amp; Garnet (PPO)</b>
<b>How much do I pay?</b>	<p><b>For Part B drugs such as chemotherapy drugs<sup>1</sup>:</b></p> <p><b>In-network:</b> 20% of the cost</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Other Part B drugs<sup>1</sup>:</b></p> <p><b>In-network:</b> 20% of the cost</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p><b>For Part B drugs such as chemotherapy drugs<sup>1</sup>:</b></p> <p><b>In-network:</b> 20% of the cost</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Other Part B drugs<sup>1</sup>:</b></p> <p><b>In-network:</b> 20% of the cost</p> <p><b>Out-of-network:</b> 50% of the cost</p>	<p><b>For Part B drugs such as chemotherapy drugs<sup>1</sup>:</b></p> <p><b>In-network:</b> 20% of the cost</p> <p><b>Out-of-network:</b> 50% of the cost</p> <p><b>Other Part B drugs<sup>1</sup>:</b></p> <p><b>In-network:</b> 20% of the cost</p> <p><b>Out-of-network:</b> 50% of the cost</p>
<b>Initial Coverage</b>	<p>You pay the following until your total yearly drug costs reach <b>\$2,960</b>. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>You pay the following until your total yearly drug costs reach <b>\$2,960</b>. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>You pay the following until your total yearly drug costs reach <b>\$2,960</b>. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

Standard Retail Cost-Sharing	One Month Supply		
Tier	Diamond 1 Month Supply	Ruby 1 Month Supply	Sapphire/ Garnet 1 Month Supply
<b>Tier 1</b> (Preferred Generic)	\$3 copay	\$3 copay	\$3 copay
<b>Tier 2</b> (Non-Preferred Generic)	\$6 copay	\$6 copay	\$12 copay
<b>Tier 3</b> (Preferred Brand)	\$30 copay	\$30 copay	\$45 copay
<b>Tier 4</b> (Non- Preferred Brand)	\$50 copay	\$65 copay	\$90 copay
<b>Tier 5</b> (Specialty Tier)	33% of the cost	33% of the cost	33% of the cost

Standard Mail Order Cost-Sharing	One Month Supply		
Tier	Diamond 1 Month Supply	Ruby 1 Month Supply	Sapphire/ Garnet 1 Month Supply
<b>Tier 1</b> (Preferred Generic)	\$3 copay	\$3 copay	\$3 copay
<b>Tier 2</b> (Non-Preferred Generic)	\$6 copay	\$6 copay	\$12 copay
<b>Tier 3</b> (Preferred Brand)	\$30 copay	\$30 copay	\$45 copay
<b>Tier 4</b> (Non- Preferred Brand)	\$50 copay	\$65 copay	\$90 copay
<b>Tier 5</b> (Specialty Tier)	33% of the cost	33% of the cost	33% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Two Month Supply			Three Month Supply		
Diamond 2 Month Supply	Ruby 2 Month Supply	Sapphire/Garnet 2 Month Supply	Diamond 3 Month Supply	Ruby 3 Month Supply	Sapphire/Garnet 3 Month Supply
\$6 copay	\$6 copay	\$6 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay
\$12 copay	\$12 copay	\$24 copay	\$15 copay	\$15 copay	\$30 copay
\$60 copay	\$60 copay	\$90 copay	\$75 copay	\$75 copay	\$112.50 copay
\$100 copay	\$130 copay	\$180 copay	\$125 copay	\$162.50 copay	\$225 copay
33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost

Two Month Supply			Three Month Supply		
Diamond 2 Month Supply	Ruby 2 Month Supply	Sapphire/Garnet 2 Month Supply	Diamond 3 Month Supply	Ruby 3 Month Supply	Sapphire/Garnet 3 Month Supply
\$6 copay	\$6 copay	\$6 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay
\$12 copay	\$12 copay	\$24 copay	\$15 copay	\$15 copay	\$30 copay
\$60 copay	\$60 copay	\$90 copay	\$75 copay	\$75 copay	\$112.50 copay
\$100 copay	\$130 copay	\$180 copay	\$125 copay	\$162.50 copay	\$225 copay
33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Coverage Gap</b>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches <b>\$2,960</b>.</p> <p>After you enter the coverage gap, you pay <b>45%</b> of the plan’s cost for covered</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches <b>\$2,960</b>.</p> <p>After you enter the coverage gap, you pay <b>45%</b> of the plan’s cost for covered</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches <b>\$2,960</b>.</p> <p>After you enter the coverage gap, you pay <b>45%</b> of the plan’s cost for covered</p>

Standard Retail Cost-Sharing		One Month Supply		
Tier	Drugs Covered	Diamond 1 Month Supply	Ruby 1 Month Supply	Sapphire/ Garnet 1 Month Supply
<b>Tier 1</b> (Preferred Generic)	<b>All</b>	<b>\$3</b> copay	<b>\$3</b> copay	<b>\$3</b> copay

Standard Mail Order Cost-Sharing		One Month Supply		
Tier	Drugs Covered	Diamond 1 Month Supply	Ruby 1 Month Supply	Sapphire/ Garnet 1 Month Supply
<b>Tier 1</b> (Preferred Generic)	<b>All</b>	<b>\$3</b> copay	<b>\$3</b> copay	<b>\$3</b> copay

Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Coverage Gap</b> <i>(Continued)</i>	brand name drugs and <b>65%</b> of the plan's cost for covered generic drugs until your costs total <b>\$4,700</b> , which is the end of the coverage gap. Not everyone will enter the coverage gap.  Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.	brand name drugs and <b>65%</b> of the plan's cost for covered generic drugs until your costs total <b>\$4,700</b> , which is the end of the coverage gap. Not everyone will enter the coverage gap.  Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.	brand name drugs and <b>65%</b> of the plan's cost for covered generic drugs until your costs total <b>\$4,700</b> , which is the end of the coverage gap. Not everyone will enter the coverage gap.  Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.

Two Month Supply			Three Month Supply		
Diamond 2 Month Supply	Ruby 2 Month Supply	Sapphire/Garnet 2 Month Supply	Diamond 3 Month Supply	Ruby 3 Month Supply	Sapphire/Garnet 3 Month Supply
\$6 copay	\$6 copay	\$6 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay

Two Month Supply			Three Month Supply		
Diamond 2 Month Supply	Ruby 2 Month Supply	Sapphire/Garnet 2 Month Supply	Diamond 3 Month Supply	Ruby 3 Month Supply	Sapphire/Garnet 3 Month Supply
\$6 copay	\$6 copay	\$6 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay



Benefit	BlueAdvantage Diamond (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Sapphire & Garnet (PPO)
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$4,700</b>, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ <b>5%</b> of the cost, or</li> <li>▪ <b>\$2.65</b> copay for generic (including brand drugs treated as generic) and a <b>\$6.60</b> copayment for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$4,700</b>, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ <b>5%</b> of the cost, or</li> <li>▪ <b>\$2.65</b> copay for generic (including brand drugs treated as generic) and a <b>\$6.60</b> copayment for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$4,700</b>, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ <b>5%</b> of the cost, or</li> <li>▪ <b>\$2.65</b> copay for generic (including brand drugs treated as generic) and a <b>\$6.60</b> copayment for all other drugs.</li> </ul>

Use the table below to determine exactly what your monthly payment, or premium, will be for each of the plans offered. The counties included in each region are listed at the bottom of this page.

PPO Premium Table				
Region	Diamond	Ruby	Sapphire	Garnet
<b>Northeast</b>	<b>\$131</b> per month	<b>\$64</b> per month	<b>\$0</b> per month	<b>N/A</b>
<b>Southeast</b>	<b>\$206</b> per month	<b>\$79</b> per month	<b>\$0</b> per month	<b>N/A</b>
<b>Middle</b>	<b>\$210</b> per month	<b>\$94</b> per month	<b>N/A</b>	<b>\$0</b> per month
<b>West</b>	<b>\$206</b> per month	<b>\$84</b> per month	<b>N/A</b>	<b>\$0</b> per month

You must continue to pay your Medicare Part B premium.

Use the table below to determine the most you will pay each year for covered services in your plan. The counties included in each region are listed below the table.

<b>PPO Cost Sharing Table</b>					
<b>Region</b>	<b>Provider Type</b>	<b>Diamond</b>	<b>Ruby</b>	<b>Sapphire</b>	<b>Garnet</b>
<b>Northeast</b>	In-network	<b>\$2,700</b>	<b>\$3,800</b>	<b>\$4,950</b>	<b>N/A</b>
	Any	<b>\$8,000</b>	<b>\$8,500</b>	<b>\$9,900</b>	<b>N/A</b>
<b>Southeast</b>	In-network	<b>\$2,700</b>	<b>\$3,800</b>	<b>\$4,400</b>	<b>N/A</b>
	Any	<b>\$8,000</b>	<b>\$8,500</b>	<b>\$8,800</b>	<b>N/A</b>
<b>Middle</b>	In-network	<b>\$2,700</b>	<b>\$3,800</b>	<b>N/A</b>	<b>\$4,400</b>
	Any	<b>\$8,000</b>	<b>\$8,500</b>	<b>N/A</b>	<b>\$8,800</b>
<b>West</b>	In-network	<b>\$2,700</b>	<b>\$3,800</b>	<b>N/A</b>	<b>\$4,200</b>
	Any	<b>\$8,000</b>	<b>\$8,500</b>	<b>N/A</b>	<b>\$8,400</b>

### **Northeast Tennessee Region**

Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington

### **Southeast Tennessee Region**

Anderson, Bledsoe, Blount, Bradley, Campbell, Cannon, Claiborne, Clay, Cocke, 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

### **Middle Tennessee Region**

Bedford, Cheatham, Coffee, Davidson, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Montgomery, Perry, Robertson, Rutherford, Stewart, Sumner, Trousdale, Wayne, Williamson, Wilson

### **West Tennessee Region**

Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton, Weakley

For more information, please call or visit:

**1-800-292-5146**

TTY/TDD users should call: **711**

8 a.m. to 9 p.m. ET,

7 days a week

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