

A Comparison of C Plus and Blue Advantage Benefits

Shown below are the C Plus benefits compared with benefits from our new Medicare Advantage product, Blue Advantage. This is not a comprehensive listing of your benefits. Also included on the other side of this comparison are examples of how the benefit plans would work in different medical situations.

To qualify for Blue Advantage you must be a Medicare eligible resident of one of these Alabama counties: Autauga, Baldwin, Bibb, Blount, Calhoun, Chilton, Elmore, Etowah, Jefferson, Lawrence, Limestone, Lowndes, Madison, Mobile, Montgomery, Morgan, Shelby, St. Clair and Walker.

Please note, some doctors and hospitals in the 19 county Blue Advantage service area are not Blue Advantage Participating Providers.

C Plus with PMD	<i>Medicare Select Plan B</i> • Supplements Medicare	Blue Advantage	<i>Medicare Advantage PPO</i> • Alternative to Original Medicare
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SERVICES	C PLUS	OPTION I	OPTION II
	With C Plus You Pay	With Blue Advantage You Pay	With Blue Advantage You Pay
Inpatient Hospital	\$0	\$225 a day for days 1 through 4 you are in the hospital	\$125 a day for days 1 through 6 you are in the hospital
Office Visits	\$0 after you pay the \$110 Part B Deductible	\$20 copay per visit Primary Care, \$25 copay per visit Specialist	\$10 copay per visit Primary Care, \$15 copay per visit Specialist
Emergency Room	\$0 after Part B Deductible	\$50 copay per visit (In or Out-Of-Network)	\$50 copay per visit (In or Out-Of-Network)
Outpatient Hospital	\$0 after Part B Deductible	\$175 copay per visit	\$75 copay per visit
Ambulatory Surgical Center	\$0 after Part B Deductible	\$175 copay per visit	\$75 copay per visit
Provider Network	Statewide with over 9,000 providers	19 Counties with over 3,500 providers	19 Counties with over 3,500 providers
Out-of-Network	Not Applicable	30% after \$1,000 calendar year deductible	30% after \$1,000 calendar year deductible
PART B DEDUCTIBLE	\$110 Annual	Not Applicable	Not Applicable
MEMBER PREMIUM	BASED ON AGE AT ENROLLMENT	OPTION I	OPTION II
Medicare Part B Premium	\$78.20 per month	\$78.20 per month	\$78.20 per month
PREMIUM	Age 65 \$106 Per Month Age 66-69 \$118 Per Month Age 70+ \$131 Per Month Disability \$174 Per Month	No plan premium beyond what you currently pay for Medicare	\$43 per month beyond what you currently pay for Medicare

For more information call 1 888 578-6775, Monday - Friday 7:30 a.m. - 6:00 p.m.



Here is a look at costs associated with C Plus and Blue Advantage for three common medical situations.

Example of coverage for hospitalization

**Patient is hospitalized four-days for an acute case of the flu.
Total hospital bill = \$6,735**

C Plus with PMD benefits

Patient would owe \$0 for this hospitalization.

Blue Advantage Option I (\$0 monthly premium)

Patient would owe a Blue Advantage participating hospital \$900 (\$225 per day, 1 through 4.)

If this patient used a hospital **not** included in the Blue Advantage network, he would owe the \$1,000 annual out-of-network deductible. After this \$1,000 had been paid, the patient would then owe 30% of the remaining hospital bill. In this example using a non-participating hospital, the patient would owe the hospital \$2,721.

With Blue Advantage Option II (\$43 monthly premium)

This patient would owe a Blue Advantage participating hospital \$500 (\$125 per day, 1 through 4.).

The same guidelines and costs would apply for an out-of-network hospital as shown with Blue Advantage Option I.

Example of coverage for an outpatient visit to an ambulatory center or outpatient care center.

Patient has cataract surgery at an Ambulatory Surgical Center. Total ambulatory facility bill: \$430

C Plus with PMD

This patient would owe the ambulatory center \$0.

Blue Advantage Option I (\$0 premium)

This patient would owe the Blue Advantage participating facility \$175 (Ambulatory Surgical Center Copay).

If the patient went to a facility that was not part of the Blue Advantage network, she would be responsible for amount still owed as part of the \$1,000 deductible and 30% of the remaining bill. For example, if none of the \$1,000 deductible had been met, this patient would owe the facility \$430.

With Blue Advantage Option II (\$43 monthly premium)

This patient would owe the Blue Advantage participating facility \$75 (Ambulatory Surgical Center Copay).

The same guidelines would apply for an out-of-network facility as shown with Blue Advantage Option I.

Example of coverage for a doctor visit.

**Patient is suffering from a sore throat and headache.
Total doctor bill is: \$180**

C Plus with PMD

Patient owes doctor's office \$0.

Blue Advantage Option I (\$0 premium)

This patient would owe the Blue Advantage participating primary care physician a \$20 copayment at the time of the visit.

If the patient went to a doctor that was not part of the Blue Advantage network, she would be responsible for any amount still owed as part of the \$1,000 deductible and 30% of the remaining bill. For example, if none of the \$1,000 deductible had been met, this patient would owe the doctor's office \$180.

With Blue Advantage Option II (\$43 monthly premium)

This patient would owe the Blue Advantage participating primary care physician a \$10 copayment at the time of the visit.

The same guidelines and costs would apply for an out-of-network doctor as shown with Blue Advantage Option I.

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