

# PART D PRESCRIPTION DRUG COVERAGE

(OPTION I & OPTION III Do Not Have Part D Drug Coverage)

*No deductible is required for the drug plans listed below.*

## OPTION II & OPTION IV

Before the total yearly drug costs reach **\$2,000**, you pay: **\$5** Generic, **\$25** Preferred Brand, **\$45** Alternate Brand, **25%** Specialty drug.

After drug costs reach **\$2,000**, you pay **100%** until costs reach **\$3,600**.

After you have paid **\$3,600** out of pocket, you pay: **\$2** Generic or Preferred Brand drug that is a multi-source drug and **\$5** for all other drugs, or **5%** coinsurance.

Copays listed are for each 30-day supply.  
(The copays listed are tripled for a 90-day supply)

## OPTION V

Before the total yearly drug costs reach **\$2,000**, you pay: **\$5** Generic, **\$25** Preferred Brand, **\$45** Alternate Brand, **25%** Specialty drug.

After drug costs reach **\$2,000**, you pay **\$5** for Generic and you pay **100%** for all other drugs.

After you have paid **\$3,600** out of pocket, you pay: **\$2** Generic or Preferred Brand drug that is a multi-source drug and **\$5** for all other drugs, or **5%** coinsurance.

Copays listed are for each 30-day supply.  
(The copays listed are tripled for a 90-day supply)

If you purchase drugs from a non-participating pharmacy, you will pay the applicable copay or coinsurance plus the difference between the out-of-network retail price and the participating pharmacy allowed amount. If you use a non-participating pharmacy, you will pay the full amount at the time of purchase and file the hardcopy claim to Blue Cross and Blue Shield of Alabama for consideration.

- All **Blue Advantage** Part D Drug Plans use the same formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified in writing before the change. To view the **Blue Advantage** formulary visit **www.bcbsal.com** on the web.
- Mail order is available for the same copay or coinsurance amounts. For additional information about **Blue Advantage** call **1 888 578-6775** (TTY users call **1 800 257-3384**) Monday through Friday, 7:30 a.m. to 6:00 p.m.

## PREVENTIVE BENEFITS

The following preventive services are covered with **no copay** when using a Blue Advantage Participating Provider:

- **Bone Mass Measurement**
- **Pneumonia, Flu and Hepatitis B Immunizations**
- **Pap Smears and Pelvic Exams**
- **Colorectal Screening**
- **Mammogram (Annually)**
- **Prostate Cancer Screening Exam**



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association.



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## **2006 Benefit Options**

# 2006 Blue Advantage

# Options

*Blue Advantage is a Medicare-approved PPO plan from Blue Cross and Blue Shield of Alabama.*

	OPTION I	OPTION II
<b>MONTHLY PREMIUM</b>	<b>\$0</b>	<b>\$38.00</b>
<b>SERVICES</b>	<b>YOU PAY</b>	
Inpatient Hospital	<b>\$225</b> per day, days 1 through 4	
Skilled Nursing	<b>\$50</b> a day for days 1 through 50; 100 days per benefit period	
Home Health	<b>No Cost To You</b>	
Office Visits	<b>\$20</b> copay at a primary care physician's office; <b>\$25</b> copay at a specialist's office	
Chiropractor	<b>\$25</b> copay per visit	
Podiatry	<b>\$25</b> copay per visit	
Outpatient Mental Health	<b>\$40</b> copay per visit	
Outpatient Substance Abuse	<b>\$40</b> copay per visit	
Outpatient Hospital	<b>\$175</b> copay per visit	
Ambulatory Surgical Center	<b>\$175</b> copay per visit	
Ambulance	<b>\$100</b> copay per transport	
Emergency Room	<b>\$50</b> copay per visit	
Out of Pocket Maximum	<b>\$0</b>	<b>\$2500</b>
Urgent Care	<b>\$50</b> copay per visit	
Outpatient Rehabilitation	<b>\$25</b> copay per visit	
DME/Prosthesis	<b>20%</b> coinsurance	
Diagnostic Tests/X-ray/Lab	<b>No Cost To You</b>	
Air Ambulance	<b>Air Med-Approved Air Medical Services</b>	
Vision Services	<b>\$20</b> copay each routine eye exam/one per year <b>\$100</b> maximum for eyewear annually	
Hearing Services	<b>\$20</b> copay each routine hearing test/one per year <b>\$200</b> maximum for hearing aids/every two years	
Part D Prescription Drugs	No Part D Prescription Drugs	<b>See Back For Details</b>
Out-of-Network Benefits	<b>\$1000</b> deductible and <b>30%</b> coinsurance	

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 or Walker.

<b>OPTION III</b>	<b>OPTION IV</b>	<b>OPTION V</b>
<b>\$43.00</b>	<b>\$59.00</b>	<b>\$73.00</b>
<b>YOU PAY</b>		
<b>\$125</b> a day, days 1 through 6		
<b>\$50</b> a day for days 1 through 50; 100 days per benefit period		
<b>No Cost To You</b>		
<b>\$10</b> copay at a primary care physician's office; <b>\$15</b> copay at a specialist's office		
<b>\$15</b> copay per visit		
<b>\$15</b> copay per visit		
<b>\$40</b> copay per visit		
<b>\$40</b> copay per visit		
<b>\$75</b> copay per visit		
<b>\$75</b> copay per visit		
<b>\$100</b> copay per transport		
<b>\$50</b> copay per visit		
<b>\$2500</b>		
<b>\$50</b> copay per visit		
<b>\$15</b> copay per visit		
<b>20%</b> coinsurance		
<b>No Cost To You</b>		
<b>Air Med-Approved Air Medical Services</b>		
<b>\$10</b> copay each routine eye exam/one per year <b>\$150</b> maximum for eyewear annually		
<b>\$10</b> copay each routine hearing test/one per year <b>\$400</b> maximum for hearing aids/every two years		
No Part D Prescription Drugs	<b>See Back For Details</b>	<b>See Back For Details</b>
<b>\$1000</b> deductible and <b>30%</b> coinsurance		