Blue Advantage®

from Blue Cross and Blue Shield of Alabama

Summary of Benefits

January 1, 2006
Alabama - PPO

Option 5

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

H#0104

Introduction to the Summary of Benefits for
Blue Advantage Option V
January 1, 2006 - December 31, 2006
North Alabama, Central Alabama, South Alabama

Thank you for your interest in Blue Advantage Option V. Our Plan is offered by BLUE CROSS AND BLUE SHIELD OF ALABAMA (H0104), a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our Plan. It doesn't list every service that we cover, every limitation, or every exclusion. To get a complete list of our benefits, please call Blue Advantage Option V and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-services) Medicare Plan. Another option is a Medicare Health Plan, like Blue Advantage Option V. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Blue Advantage Option V at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

HOW CAN I COMPARE MY OPTIONS?

You can compare Blue Advantage Option V and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our Plan covers and what the Original Medicare Plan covers.

Our members receive all the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS BLUE ADVANTAGE OPTION V AVAILABLE?

The service area for this Plan includes: Autauga, Baldwin, Bibb, Blount, Calhoun, Chilton, Elmore, Etowah, Jefferson, Lawrence, Limestone, Lowndes, Madison, Mobile, Montgomery, Morgan, Shelby, St. Clair, Walker Counties, AL. You must live in one of these places to join the Plan.

CAN I CHOOSE MY DOCTORS?

Blue Advantage Option V has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list. Our number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out-of-network. For more information, call the telephone number at the end of this introduction.

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WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Blue Advantage Option V has formed a network of pharmacies. You can use any pharmacy in our network. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List. Our number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A PHARMACY THAT'S NOT IN YOUR NETWORK?

If you go to a pharmacy that's not in our network, you might have to pay more for your prescriptions. You also might have to follow special rules before getting your prescription in order for the prescription to be covered under our Plan. For more information, call the telephone number at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Blue Advantage Option V **does** cover both Medicare Part B prescription drugs and Part D prescription drugs.

DOES MY PLAN HAVE A PRESCRIPTION DRUG FORMULARY?

Blue Advantage Option V uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing, before the change is made. Contact Blue Advantage Option V for details.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM)?

A Medication Therapy Management (MTM) Program is a benefit that your plan may offer. You may be identified to participate in a program designed for your specific health and pharmacy needs. It is recommended that you take full advantage of this covered benefit if you are selected. Contact Blue Advantage Option V for more details.

WHAT TYPE OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

The following outpatient prescription drugs may be covered under Medicare Part B. This may include, but is not limited to, the following types of drugs. Contact Blue Advantage Option V for more details.

- Some antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.

- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.

- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal
- disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.

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- Injectable Drugs: Most injectable drugs administered incident to a physician's service.

- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

- Some Oral Cancer Drugs: If the same drug is available in injectable form.

- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call Blue Advantage for more information about this Plan.

Visit us at WWW. BCBSAL.ORG or, call us

Customer Service Hours:
Monday, Tuesday, Wednesday, Thursday, Friday, 7:30 a.m. - 6:00 p.m. Central

Current Members should call (888)-234-8266 for questions related to the Medicare Advantage program. (TTY/TTD (800)-257-3384)
Prospective members should call (888)-578-6775 for questions related to the Medicare Advantage program. (TTY/TDD (800)-257-3384)
Current Members should call (888)-234-8266 for questions related to the Medicare Part D Prescription Drug program. (TTY/TTD (800)-257-3384)
Prospective members should call (888)-578-6775 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-257-3384)

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.
If you have special needs, this document may be available in other formats.

SUMMARY OF BENEFITS
BLUE ADVANTAGE OPTION V

If you have any questions about this Plan's benefits or cost, please contact Blue Advantage.

Benefit Category	Original Medicare	Blue Advantage Option V
IMPORTANT INFORMATION		
1 – Premium and Other Important Information	You pay the Medicare Part B premium of $ 78.20 each month. (This is the 2005 amount and may change January 1, 2006.)	You pay $ 43.43 each month for your Plan benefits and $ 29.57 additional premium for your Medicare Part D prescription benefits. You also continue to pay the Medicare Part B premium of $ 78.20 each month. (This is a 2005 amount and may change January 1, 2006.)

SUMMARY OF BENEFITS
BLUE ADVANTAGE OPTION V

If you have any questions about this Plan's benefits or cost, please contact Blue Advantage.

Benefit Category	Original Medicare	Blue Advantage Option V
		You pay a $ 1,000 yearly deductible for the following Medicare-covered plan services when received out-of-network only: – Inpatient Hospital Care – Inpatient Mental Health Care – Skilled Nursing Facility – Home Health Care – Doctor Office Visits – Chiropractic Services – Podiatry Services – Outpatient Mental Health Care – Outpatient Substance Abuse Care – Outpatient Services/ Surgery – Outpatient Rehabilitation Services – Durable Medical Equipment – Prosthetic Devices – Diabetes Self-Monitoring Training and Supplies – Diagnostic Tests, X-Rays, and Lab Services – Bone Mass Measurement – Colorectal Screening Exam – Immunizations – Mammograms (Annual Screenings) – Pap Smears and Pelvic Exams – Prostate Cancer Screening Exams – Outpatient Prescription Drugs

If you have any questions about this Plan's benefits or cost, please contact Blue Advantage.

Benefit Category	Original Medicare	Blue Advantage Option V
		– Dental Services – Hearing Services – Vision Services – Physical Exams – Comprehensive Outpatient Rehabilitation Facility (CORF) – Partial Hospitalization – Other Health Care Professional – Cardiac Rehabilitation Services – Renal Dialysis – Blood You pay a $ 1,000 yearly deductible for the following non-Medicare-covered plan services when received out-of-network only: – Inpatient Hospital Care – Inpatient Mental Health Care – Skilled Nursing Facility – Home Health Care – Doctor Office Visits – Chiropractic Services – Podiatry Services – Outpatient Mental Health Care – Outpatient Substance Abuse Care – Outpatient Services/ Surgery – Outpatient Rehabilitation Services – Durable Medical Equipment – Prosthetic Devices – Diabetes Self-Monitoring Training and Supplies

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Benefit Category	Original Medicare	Blue Advantage Option V
		– Diagnostic Tests, X-Rays, and Lab Services – Bone Mass Measurement – Colorectal Screening Exam – Immunizations – Mammograms (Annual Screenings) – Pap Smears and Pelvic Exams – Prostate Cancer Screening Exams – Outpatient Prescription Drugs – Dental Services – Hearing Services – Vision Services – Physical Exams – Comprehensive Outpatient Rehabilitation Facility (CORF) – Partial Hospitalization – Other Health Care Professional – Cardiac Rehabilitation Services – Renal Dialysis – Blood There is a $ 2,500 maximum out-of-pocket limit every year for the following plan services when received in network only: – Doctor Office Visits – Chiropractic Services – Podiatry Services – Outpatient Mental Health Care – Outpatient Substance Abuse Care

If you have any questions about this Plan's benefits or cost, please contact Blue Advantage.

Benefit Category	Original Medicare	Blue Advantage Option V
		– Outpatient Services/ Surgery – Ambulance Services – Emergency Care – Urgently Needed Care – Outpatient Rehabilitation Services – Durable Medical Equipment – Prosthetic Devices – Diabetes Self-Monitoring Training and Supplies – Diagnostic Tests, X-Rays, and Lab Services – Bone Mass Measurement – Colorectal Screening Exam – Immunizations – Mammograms (Annual Screenings) – Pap Smears and Pelvic Exams – Prostate Cancer Screening Exams – Dental Services – Hearing Services – Vision Services – Physical Exams – Comprehensive Outpatient Rehabilitation Facility (CORF) – Partial Hospitalization – Other Health Care Professional – Cardiac Rehabilitation Services – Renal Dialysis – Blood If there is no note on an out-of-network service, then the

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Benefit Category	Original Medicare	Blue Advantage Option V
		note describes the in-network service. Contact Plan for details on the covered out-of-network service.
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	You can go to doctors, specialists, and hospitals in or out-of-network. Higher costs apply for out-of-network services. You do NOT need a referral to go to network doctors, specialists, and hospitals. A separate doctor office visit co-payment may apply for certain services.
SUMMARY OF BENEFITS		
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	You pay for each benefit period (3): Days 1 - 60: an initial deductible of $912 Days 61 - 90: $228 each day Days 91 - 150: $456 each lifetime reserve day (4) [These are 2005 amounts and may change January 1, 2006.] Please call 1-800-MEDICARE(1-800-633-4227) for information about lifetime reserve days. (4)	You pay: – $ 125 each day for day(s) 1 - 6 – $ 0 each day for day(s) 7 – 90 for a Medicare-covered stay at a network hospital. Cost sharing may vary for each Medicare-covered stay according to the hospital at which services are received. You pay 30% of the cost each stay at an out-of-network hospital.

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Benefit Category	Original Medicare	Blue Advantage Option V
		There is a $ 750 maximum out of pocket limit every benefit period. You are covered for unlimited days each benefit period.
4 - Inpatient Mental Health Care	You pay the same deductible and co-payments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.	You pay: – $ 125 each day for day(s) 1 - 6 – $ 0 each day for day(s) 7 - 90 for a Medicare-covered stay at a network hospital. Cost sharing may vary for each Medicare-covered stay according to the hospital at which services are received. You pay 30% of the cost for each stay at an out-of-network hospital. There is a $ 750 maximum out of pocket limit every benefit period. Contact Plan for details about benefits beyond 190 days.
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	You pay for each benefit period (3), following at least a 3-day covered hospital stay: Days 1 - 20: $ 0 for each day Days 21 - 100: $ 114 for each day [These are 2005 amounts and may change	You pay: – $ 50 each day for day (s) 1 - 50 – $ 0 each day for day(s) 51 - 100

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Benefit Category	Original Medicare	Blue Advantage Option V
	January 1, 2006.] There is a limit of 100 days for each benefit period. (3)	for a stay at a Skilled Nursing Facility. You pay 30% of the cost for services at an out-of-network Skilled Nursing Facility. There is a $ 2,500 maximum out of pocket limit. No prior hospital stay is required. You are covered to 100 days each benefit period.
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no co-payment for all covered home health visits.	There is no co-payment for Medicare-covered home health visits. You pay 30% for out-of-network home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.
OUTPATIENT CARE		
8 - Doctor Office Visits	You pay 20% of Medicare-approved amounts (1)(2)	You pay $ 10 for each primary care doctor office visit for Medicare-covered services. You pay 30% for each out-of-network primary care doctor office visit. You pay $15 for each specialist visit for Medicare-covered services.

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Benefit Category	Original Medicare	Blue Advantage Option V
		You pay 30% for each out-of-network specialist visit. See 32 - Physical Exams for more information.
9 - Chiropractic Services	You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. You pay 100% for routine care. You pay 20% of Medicare-approved amounts. (1)(2)	You pay: – $ 15 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation). – $ 15 for each routine visit up to 12 visits every year. You pay 30% of the cost for out-of-network chiropractic services.
10 - Podiatry Services	You pay 20% of Medicare-approved amounts. (1)(2) You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs. You pay 100% for routine care.	You pay: – $ 15 for each Medicare-covered visit (medically necessary foot care). – $ 15 for each routine visit up to 6 visits every year. You pay 30% of the cost for out-of-network podiatry services.
11 - Outpatient Mental Health Care	You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you	For Medicare-covered Mental Health services, you pay $ 40 for each individual/group therapy visit.

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Benefit Category	Original Medicare	Blue Advantage Option V
	pay 20% of approved charges. (1)(2)	You pay 30% of the cost for out-of-network Mental Health Services. You pay 30% of the cost for out-of-network Mental Health Services with psychiatrist.
12 - Outpatient Substance Abuse Care	You pay 20% of Medicare-approved amounts. (1)(2)	For Medicare-covered services, you pay $ 40 for each individual/group visit. You pay 30% of the cost for out-of-network outpatient substance abuse services.
13 - Outpatient Services/ Surgery	You pay 20% of Medicare-approved amounts for the doctor. (1)(2) You pay 20% of outpatient facility charges. (1)(2)	You pay $ 75 for each Medicare-covered visit to an ambulatory surgical center. You pay $ 75 for each Medicare-covered visit to an outpatient hospital facility. An additional facility charge may be included in the cost for services. You pay 30% of the cost for services at an out-of-network ambulatory surgical center. You pay 30% of the cost for services at an out-of-network outpatient hospital facility.
14 - Ambulance Services (medically necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	You pay $ 100 for Medicare-covered ambulance services.

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Benefit Category	Original Medicare	Blue Advantage Option V
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% of the facility charge or applicable co-payment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2) You pay 20% of the doctor charges. (1)(2) NOT covered outside the U.S. except under limited circumstances.	You pay $ 50 for each Medicare-covered emergency room visit; you do NOT pay this amount if you are admitted to the hospital within 24 hours for the same condition. NOT covered outside the U.S. except under limited circumstances.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	You pay 20% of Medicare-approved amounts or applicable co-payment. (1)(2) NOT covered outside the U.S. except under limited circumstances.	You pay $ 50 for each Medicare-covered urgently needed care visit; you do NOT pay this amount if you are admitted to the hospital within 24 hours for the same condition. NOT covered outside the U.S. except under limited circumstances.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay $ 15 for each Medicare-covered Occupational Therapy visit. You pay $ 15 for each Medicare-covered Physical Therapy and/or Speech/ Language Therapy visit. An additional facility charge may be included in the cost for services.

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Benefit Category	Original Medicare	Blue Advantage Option V
		You pay 30% of the cost for out-of-network Occupational Therapy services. You pay 30% of the cost for out-of-network Physical Therapy and/or Speech/ Language Therapy services.
OUTPATIENT MEDICAL SERVICES AND SUPPLILES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 20% of the cost for each Medicare-covered item. You pay 30% of the cost for durable medical equipment purchased out-of-network.
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 20% of the cost for each Medicare-covered item. You pay 30% of the cost for prosthetic devices purchased out-of-network.
20 - Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no co-payment for Diabetes self-monitoring training. You pay 30% of the cost for out-of-network Diabetes self-monitoring training. You pay 20% of the cost for each Medicare-covered Diabetes Supply item. You pay 30% of the cost for each Diabetes Supply item purchased out-of-network.
21 - Diagnostic Tests, X-Rays, and Lab Services	You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2)	There is no co-payment for the following Medicare-covered services:

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Benefit Category	Original Medicare	Blue Advantage Option V
	There is no co-payment for Medicare-approved lab services.	– Clinical/diagnostic lab services – Radiation therapy – X-ray visits – 30% of the cost for each out of network clinical/ diagnostic lab service. – 30% of the cost for each out-of-network radiation therapy service. – 30% of the cost for out-of-network x-ray service.
PREVENTIVE SERVICES		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no co-payment for each Medicare-covered Bone Mass Measurement. You pay 30% of the cost for each out-of-network Bone Mass measurement.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no co-payment for Medicare-covered Colorectal Screening Exams. You pay 30% of the cost for each out-of-network Colorectal Screening exam.
24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	There is no co-payment for the Pneumonia and Flu vaccines. You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2) You may only need the Pneumonia vaccine once in	There is no co-payment for the Pneumonia and Flu vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines. There is no co-payment for the Hepatitis B vaccine.

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Benefit Category	Original Medicare	Blue Advantage Option V
	your lifetime. Please contact your doctor for further details.	You pay 30% of the cost for each out-of-network immunization.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	You pay 20% of Medicare-approved amounts. (2) No referral necessary for Medicare-covered screenings.	There is no co-payment for Medicare-covered Screening Mammograms. You pay 30% of the cost for each out-of-network Screening Mammogram. No referral necessary for Medicare-covered screenings.
26 - Pap Smears and Pelvic Exams (for women with Medicare)	There is no co-payment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for Pelvic Exams (2)	There is no co-payment for Medicare-covered Pap Smears and Pelvic Exams. You pay 30% of the cost for each out-of-network Pap Smear and Pelvic Exam.
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	There is no co-payment for approved lab services and a co-pay of 20% of Medicare-approved amounts for other related services. (1)(2)	There is no co-payment for Medicare-covered Prostate Cancer Screening exams. You pay 30% of the cost for each out-of-network Prostate Screening Exams.
28 - Outpatient Prescription Drugs	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	This Plan uses a 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 Plan's formulary, go to WWW.BCBSAL.ORG on the web.

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Benefit Category	Original Medicare	Blue Advantage Option V
		People who have low incomes, who live in long term care facilities, or who have access to Indian/Tribal/ Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the Plan for details There is no deductible. Before the total yearly drug costs (paid by both you and your Plan) reach $ 2,000, you pay the following for prescription drugs: – $ 5 for a one-month (30 day) supply of tier 1 - Generic drugs you get at an in-network preferred pharmacy. – $ 25 for a one-month (30 day) supply of tier 2 - Preferred Brand drugs you get at an in-network preferred pharmacy. – $ 45 for a one-month (30 day) supply of tier 3 - Brand drugs you get at an in-network preferred pharmacy. – 25% co-insurance for a one-month (30 day) supply of tier 4 - Brand drugs you get at an in-network preferred pharmacy. – $ 15 for a three-month (90 day) supply of tier 1 -

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Benefit Category	Original Medicare	Blue Advantage Option V
		Generic drugs you get at an in-network preferred pharmacy. – $ 75 for a three-month (90 day) supply of tier 2 - Preferred Brand drugs you get at an in-network preferred pharmacy. – $ 135 for a three-month (90 day) supply of tier 3 - Brand drugs you get at an in-network pharmacy. – 25% co-insurance for a three-month (90 day) supply of tier 4 - Brand drugs you get at an in-network preferred pharmacy. – $ 5 for a one-month (30 day) supply of mail order tier 1 - Generic drugs. – $ 25 for a one-month (30 day) supply of mail order tier 2 - Preferred Brand drugs. – $ 45 for a one-month (30 day) supply of mail order tier 3 - Brand drugs. – 25% co-insurance for a one-month (30 day) supply of mail order tier 4 - Brand drugs. – $ 15 for a three-month (90 day) supply of mail order tier 1 - Generic drugs.

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Benefit Category	Original Medicare	Blue Advantage Option V
		– $ 75 for a three-month (90 day) supply of mail order tier 2 - Preferred Brand drugs. – $ 135 for a three-month (90 day) supply of mail order tier 3 - Brand drugs. – 25% co-insurance for a three-month (90 day) supply of mail order tier 4 - Brand drugs. After the total yearly drug cost (paid by both you and your Plan) reach $ 2,000, you pay a $ 5 co-pay for a 30 day supply ($ 15 for a 90 day supply) of tier 1 - Generic Drugs and you pay 100% of all prescription drug costs until your yearly out-of-pocket drug costs reach $ 3,600. After your yearly out-of-pocket drug costs reach $3,600, you pay the greater of: – $ 2 for generic or preferred brand drug that is a multi-source drug and $5 for all other drugs, or – 5% co-insurance Certain prescription drugs will have maximum quantity limits. Contact Plan for details. Your provider must get prior authorization from Blue Advantage Option V for

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Benefit Category	Original Medicare	Blue Advantage Option V
		certain prescription drugs. Contact Plan for details. Covered Part D Drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside the Plan's service area where there is no network pharmacy. In addition to paying the co-payments/co-insurances listed below, you will be required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescriptions. – $ 5 for a one-month (30 day) supply of tier 1 - Generic drugs you get at an out-of-network pharmacy. – $ 25 for a one-month (30 day) supply of tier 2 - Preferred Brand drugs you get at an out-of-network pharmacy. – $ 45 for a one-month (30 day) supply of tier 3 - Brand drugs you get at an out-of-network pharmacy. – 25% co-insurance for a one-month (30 day) supply of tier 4 - Brand

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Benefit Category	Original Medicare	Blue Advantage Option V
		drugs you get at an out-of-network pharmacy. – $ 15 for a three-month (90 day) supply of tier 1 - Generic drugs you get at an out-of-network pharmacy. – $ 75 for a three-month (90 day) supply of tier 2 - Preferred Brand drugs you get at an out-of-network pharmacy. – $ 135 for a three-month (90 day) supply of tier 3 - Brand drugs you get at an out-of-network pharmacy. – 25% co-insurance for a three-month (90 day) supply of tier 4 - Brand drugs you get at an out-of-network preferred pharmacy.
29 - Dental Services	In general, you pay 100% for dental services.	In general, you pay 100% for dental services. You pay 30% of the cost for out-of-network Comprehensive dental services.
30 - Hearing Services	You pay 100% for routine hearing exams and hearing aids. You pay 20% of Medicare-approved amounts for diagnostic hearing exams. (1)(2)	There is no co-payment for hearing aids up to 1 aid every two years. You pay: – $ 10 for each Medicare-covered hearing exam (diagnostic hearing exams).

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Benefit Category	Original Medicare	Blue Advantage Option V
		– $ 10 for each routine hearing test up to 1 test every year. – $ 10 for each fitting-evaluation for a hearing aid up to 1 fitting-evaluation every year. You pay 30% of the cost for out-of-network hearing exams. You are covered up to $400 for hearing aids every two years.
31 - Vision Services	You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2) For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1)(2) You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2) You pay 100% for routine eye exams and glasses.	There is no co-payment for the following items: – Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery). – Glasses – Contacts You pay: – $ 10 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). – $ 10 for each routine eye exam, limited to 1 exam every year.

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Benefit Category	Original Medicare	Blue Advantage Option V
		You pay 30% of the cost for out-of-network eye exams You are covered up to $ 150 for eye wear every year.
32 - Physical Exams	If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.	If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your Plan for further details.
	This will not include laboratory tests. Please contact your Plan for details You pay 20% of the Medicare-approved amount. (1)(2)	You pay $10 for Medicare-covered services. You pay 30% of the cost for each out-of-network routine physical exam. You pay $10 for each exam. You are covered up to 1 exam every year.

(1) Each year, you pay a total of one $110 deductible.
(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.
(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.
(4) Lifetime reserve days can only be used once.

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