

# SPECIAL NEEDS PLAN



**2006**

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



**BlueCross BlueShield  
of Alabama**

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

# 2006 Blue Advantage

# Special Needs Plan

To qualify for the Special Needs Plan of *Blue Advantage* you must be a Medicare and Medicaid-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.**

	OPTION VI
<b>MONTHLY PREMIUM</b>	<b>\$18.47</b>
<b>SERVICES</b>	<b>YOU PAY</b>
Inpatient Hospital	<b>No Cost To You</b>
Skilled Nursing	<b>No Cost To You</b>
Home Health	<b>No Cost To You</b>
Office Visits	<b>\$5 copay at a primary care physician's office; \$10 copay at a specialist's office</b>
Chiropractor	<b>\$10 copay per visit</b>
Podiatry	<b>\$10 copay per visit</b>
Outpatient Mental Health	<b>\$10 copay per visit</b>
Outpatient Substance Abuse	<b>\$10 copay per visit</b>
Outpatient Hospital	<b>No Cost To You</b>
Ambulatory Surgical Center	<b>No Cost To You</b>
Ambulance	<b>\$50 copay per transport</b>
Emergency Room	<b>\$50 copay per visit</b>
Urgent Care	<b>\$50 copay per visit</b>
Outpatient Rehabilitation	<b>\$10 copay per visit</b>
DME/Prosthesis	<b>No Cost To You</b>
Diagnostic Tests/X-ray/Lab	<b>No Cost To You</b>
Part D Prescription Drugs	<b>See Back For Details About Part D Drugs</b>
Out-of-Network Benefits	<b>\$1000 deductible and 30% coinsurance (\$2500 out-of-pocket maximum after \$1000 deductible.)</b>

The cost sharing for Qualified Medicaid Beneficiaries (QMB, QMB+, or other full Medicaid) is listed below.

<b>MONTHLY PREMIUM SERVICES</b>	<b>OPTION VI</b>
	<b>\$0</b>
	<b>YOU PAY</b>
Inpatient Hospital	<b>No Cost To You</b>
Skilled Nursing	<b>No Cost To You</b>
Home Health	<b>No Cost To You</b>
Office Visits	<b>No Cost To You</b>
Chiropractor	<b>No Cost To You</b>
Podiatry	<b>No Cost To You</b>
Outpatient Mental Health	<b>No Cost To You</b>
Outpatient Substance Abuse	<b>No Cost To You</b>
Outpatient Hospital	<b>No Cost To You</b>
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Diagnostic Tests/X-ray/Lab	<b>No Cost To You</b>
Part D Prescription Drugs	<b>See Back For Details About Part D Drugs</b>
Out-of-Network Benefits	<b>\$1000 deductible and 30% coinsurance (\$2500 out-of-pocket maximum after \$1000 deductible.)</b>

# PART D PRESCRIPTION DRUG COVERAGE

## OPTION VI

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.

You may pay a **\$0 - \$50** Deductible, depending on your income level.

You will pay a **\$1** co-pay or a **\$2** co-pay for generic/preferred brand drugs, depending on your income level, or up to a **15%** coinsurance, which ever is greater. You will pay a **\$3** co-pay or **\$5** co-pay for all other drugs, depending on your income level, or up to a **15%** coinsurance, which ever is greater. To learn more about what your costs will be, please contact **Blue Advantage** for more information.

After your yearly out-of-pocket drug costs reach **\$3,600**, you will pay **\$0** or **\$2** co-pay for generic/preferred brand drugs, depending on your income level. You will pay a **\$0** or a **\$5** co-pay for all other drugs, depending on your income level. To learn more about what your costs will be, please contact **Blue Advantage** for more information.

Certain prescription drugs will have maximum quantity limits.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including beneficiaries illness while traveling outside of the Plan's service area and where there is no network pharmacy.

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/blueadvantage](http://www.bcbsal.com/blueadvantage) 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**



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