BlueCross BlueShield of Oklahoma

Blue Cross Medicare Advantage Basic (HMO)SM and Blue Cross Medicare Advantage Premier Plus (HMO POS)SM

Summary of Benefits

January 1, 2015 - December 31, 2015

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
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 **Blue Cross Medicare Advantage Basic (HMO)**).	• 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 **Blue Cross Medicare Advantage Premier Plus (HMO-POS)**).
Tips for comparing your Medicare choices	This Summary of Benefits booklet gives you a summary of what **Blue Cross Medicare Advantage Basic (HMO)**) covers and what you pay. • If you want to compare our plan 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.	This Summary of Benefits booklet gives you a summary of what **Blue Cross Medicare Advantage Premier Plus (HMO-POS)** covers and what you pay. • If you want to compare our plan 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 **Blue Cross Medicare Advantage Basic (HMO)** • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Covered Medical and Hospital Benefits • Prescription Drug Benefits	• Things to Know About **Blue Cross Medicare Advantage Premier Plus (HMO-POS)** • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Covered Medical and Hospital Benefits • Prescription Drug Benefits

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
	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 1-866-866-6629 (TTY/TDD users should call 711). Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-866-866-6629 (TTY/TDD users should call 711).	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 1-866-866-6629 (TTY/TDD users should call 711). Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-866-866-6629 (TTY/TDD users should call 711).
Hours of Operation	Things to Know About **Blue Cross Medicare Advantage Basic (HMO)** • From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time. • From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.	Things to Know About **Blue Cross Medicare Advantage Premier Plus (HMO-POS)** • From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time. • From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.
	Blue Cross Medicare Advantage Basic (HMO) Phone Numbers and Website If you are a member of this plan, call toll-free 1-866-866-6629 (TTY/TDD users should call 711). If you are not a member of this plan, call toll-free 1-866-866-6629 (TTY/TDD users should call 711). Our website: www.getblueok.com/mapd/sb	**Blue Cross Medicare Advantage Premier Plus (HMO-POS)** Phone Numbers and Website If you are a member of this plan, call toll-free 1-866-866-6629 (TTY/TDD users should call 711). If you are not a member of this plan, call toll-free 1-866-866-6629 (TTY/TDD users should call 711). Our website: www.getblueok.com/mapd/sb
	Who can join? To join **Blue Cross Medicare Advantage Basic (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Oklahoma: Creek, Mayes, Muskogee, Okmulgee, Payne, Rogers, and Tulsa.	**Who can join?** To join **Blue Cross Medicare Advantage Premier Plus (HMO-POS)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Oklahoma: Creek, Mayes, Muskogee, Okmulgee, Payne, Rogers, and Tulsa.

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
	Which doctors, hospitals, and pharmacies can I use? **Blue Cross Medicare Advantage Basic (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's provider and pharmacy directory at our website (www.getblueok.com/mapd/sb). Or, call us and we will send you a copy of the provider and pharmacy directories.	**Which doctors, hospitals, and pharmacies can I use?** **Blue Cross Medicare Advantage Premier Plus (HMO-POS)** has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's provider and pharmacy directory at our website (www.getblueok.com/mapd/sb). 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, www.getblueok.com/mapd/sb. Or, call us and we will send you a copy of the formulary.	**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, www.getblueok.com/mapd/sb. Or, call us and we will send you a copy of the formulary.

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
	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.	**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.

SECTION II - SUMMARY OF BENEFITS

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	$0 per month. In addition, you must keep paying your Medicare Part B premium.	$41.00 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	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. Your yearly limit(s) in this plan: $4,900 for services you receive from in-network providers. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	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. Your yearly limit(s) in this plan: $4,900 for services you receive from in-network providers. $6,700 for services you receive from out-of-network providers. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
COVERED MEDICAL AND HOSPITAL BENEFITS		
NOTE: Services with a [1] may require prior authorization. Services with a [2] may require a referral from your doctor.		
OUTPATIENT CARE AND SERVICES		
Acupuncture and Other Alternative Therapies	Not covered	Not covered

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
Ambulance[1]	$250 copay	In-network: $200 copay Out-of-network: $200 copay
Chiropractic Care[1,2]	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): In-network: $20 copay Out-of-network: 40% of the cost
Dental Services[1,2]	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $40 copay Dental services: $10 copay for a single office visit that includes: Cleaning (for up to 1 every six months) Dental x-ray(s) (for up to 1 every two years) Fluoride treatment (for up to 1 every six months) Oral exam (for up to 2 every year)	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): In-network: $40 copay Out-of-network: 40% of the cost A single office visit that includes: In-network: $10 copay Cleaning (for up to 1 every six months) Dental x-ray(s) (for up to 1 every two years) Fluoride treatment (for up to 1 every six months) Oral exam (for up to 2 every year)
Diabetes Supplies and Services[1,2]	Diabetes monitoring supplies: 0-20% of the cost, depending on the supply Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: You pay nothing	Diabetes monitoring supplies: In-network: 0-20% of the cost, depending on the supply Out-of-network: 40% of the cost Diabetes self-management training: In-network: You pay nothing Out-of-network: 40% of the cost Therapeutic shoes or inserts: In-network: You pay nothing Out-of-network: 40% of the cost

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
Diagnostic Tests, Lab and Radiology Services, and X-Rays[1,2]	Diagnostic radiology services (such as MRIs, CT scans): $250 copay Diagnostic tests and procedures: $0-50 copay, depending on the service Lab services: You pay nothing Outpatient x-rays: You pay nothing Therapeutic radiology services (such as radiation treatment for cancer): $10 copay	Diagnostic radiology services (such as MRIs, CT scans): In-network: $200 copay Out-of-network: 40% of the cost Diagnostic tests and procedures: In-network: $0-50 copay, depending on the service Out-of-network: 40% of the cost Lab services: In-network: You pay nothing Out-of-network: 40% of the cost Outpatient x-rays: In-network: You pay nothing Out-of-network: 40% of the cost Therapeutic radiology services (such as radiation treatment for cancer): In-network: $10 copay Out-of-network: 40% of the cost
Doctor's Office Visits[1,2]	Primary care physician visit: $20 copay Specialist visit: $45 copay	Primary care physician visit: In-network: $20 copay Out-of-network: $40 copay Specialist visit: In-network: $45 copay Out-of-network: $65 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	20% of the cost If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.	In-network: 20% of the cost Out-of-network: 40% of the cost

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
Emergency Care	$65 copay If you are admitted to the hospital within 24 hours, 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.	$65 copay 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.
Foot Care (podiatry services)[1,2]	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $40 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: In-network: $40 copay Out-of-network: 40% of the cost
Hearing Services[1,2]	Exam to diagnose and treat hearing and balance issues: $30 copay	Exam to diagnose and treat hearing and balance issues: In-network: $30 copay Out-of-network: 40% of the cost
Home Health Care[1,2]	You pay nothing	In-network: You pay nothing Out-of-network: 40% of the cost

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
Mental Health Care[1,2]	Inpatient visit: 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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. $300 copay per day for days 1 through 3 You pay nothing per day for days 4 through 90 Outpatient group therapy visit: $40 copay Outpatient individual therapy visit: $40 copay	Inpatient visit: 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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. In-network: $215 copay per day for days 1 through 7 You pay nothing per day for days 8 through 90 Out-of-network: $400 copay per day Outpatient group therapy visit: In-network: $40 copay Out-of-network: 40% of the cost Outpatient individual therapy visit: In-network: $40 copay Out-of-network: 40% of the cost

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
Outpatient Rehabilitation[1,2]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): $20 copay Additional visits are covered, but your cost may be more. Occupational therapy visit: $20 copay Physical therapy and speech and language therapy visit: $20 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): In-network: $20 copay Out-of-network: 40% of the cost Occupational therapy visit: In-network: $20 copay Out-of-network: 40% of the cost Physical therapy and speech and language therapy visit: In-network: $20 copay Out-of-network: 40% of the cost
Outpatient Substance Abuse[1,2]	Group therapy visit: $40 copay Individual therapy visit: $40 copay	Group therapy visit: In-network: $40 copay Out-of-network: 40% of the cost Individual therapy visit: In-network: $40 copay Out-of-network: 40% of the cost
Outpatient Surgery[1,2]	Ambulatory surgical center: $0-300 copay, depending on the service Outpatient hospital: $0-300 copay, depending on the service	Ambulatory surgical center: In-network: $0-300 copay, depending on the service Out-of-network: 40% of the cost Outpatient hospital: In-network: $0-300 copay, depending on the service Out-of-network: 40% of the cost
Over-the-Counter Items	Please visit our website to see our list of covered over-the-counter items.	Not covered

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
Prosthetic Devices (braces, artificial limbs, etc.)[1]	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost	Prosthetic devices: In-network: 20% of the cost Out-of-network: 40% of the cost Related medical supplies: In-network: 20% of the cost Out-of-network: 40% of the cost
Renal Dialysis[1,2]	20% of the cost	In-network: 20% of the cost Out-of-network: 40% of the cost
Transportation	Not covered	Not covered
Urgent Care	$30-50 copay, depending on the service	$35 copay
Vision Services[2]	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $40 copay Eyeglasses or contact lenses after cataract surgery: You pay nothing	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): In-network: $40 copay Out-of-network: 40% of the cost Routine eye exam: In-network: $10 copay. You are covered for up to 1 every year. Contact lenses: In-network: You pay nothing Eyeglass frames: In-network: You pay nothing Eyeglasses lenses: In-network: $25 copay Eyeglasses or contact lenses after cataract surgery: In-network: You pay nothing Out-of-network: 40% of the cost Our plan pays up to $100 every two years for contact lenses, eyeglass lenses, and eyeglass frames from an in-network provider.

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
Preventive Care[1,2]	You pay nothing Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.	In-network: You pay nothing Out-of-network: You pay nothing Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
INPATIENT CARE		
Inpatient Hospital Care[1,2]	Our plan covers an unlimited number of days for an inpatient hospital stay. $300 copay per day for days 1 through 3 You pay nothing per day for days 4 through 90 You pay nothing per day for days 91 and beyond	Our plan covers an unlimited number of days for an inpatient hospital stay. In-network: $225 copay per day for days 1 through 7 You pay nothing per day for days 8 through 90 You pay nothing per day for days 91 and beyond Out-of-network: $400 copay per day
Inpatient Mental Health Care	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.
Skilled Nursing Facility (SNF)[1,2]	Our plan covers up to 100 days in a SNF. You pay nothing per day for days 1 through 20 $125 copay per day for days 21 through 100	Our plan covers up to 100 days in a SNF. In-network: You pay nothing per day for days 1 through 20 $125 copay per day for days 21 through 100 Out-of-network: 40% of the cost per stay
PRESCRIPTION DRUG BENEFITS		
How much do I pay?	For Part B drugs such as chemotherapy drugs[1]: 20% of the cost Other Part B drugs[1]: 20% of the cost	For Part B drugs such as chemotherapy drugs[1]: In-network: 20% of the cost Out-of-network: 40% of the cost Other Part B drugs[1]: In-network: 20% of the cost Out-of-network: 40% of the cost
Initial Coverage	You pay the following until your total yearly drug costs reach $2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	You pay the following until your total yearly drug costs reach $2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

	Blue Cross Medicare Advantage Basic (HMO)SM			Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM		
	Preferred Retail Cost-Sharing			**Preferred Retail Cost-Sharing**		
	Tier	**One-month Supply**	**Three-month Supply**	**Tier**	**One-month Supply**	**Three-month Supply**
	Tier 1 (Preferred Generic)	$0	$0	**Tier 1 (Preferred Generic)**	$0	$0
	Tier 2 (Non-Preferred Generic)	$6 copay	$18 copay	**Tier 2 (Non-Preferred Generic)**	$6 copay	$18 copay
	Tier 3 (Preferred Brand)	$39 copay	$117 copay	**Tier 3 (Preferred Brand)**	$39 copay	$117 copay
	Tier 4 (Non-Preferred Brand)	$85 copay	$255 copay	**Tier 4 (Non-Preferred Brand)**	$85 copay	$255 copay
	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	**Tier 5 (Specialty Tier)**	33% of the cost	33% of the cost

	Blue Cross Medicare Advantage Basic (HMO)SM			Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM		
Initial Coverage (continued)	**Standard Retail Cost-Sharing**			**Standard Retail Cost-Sharing**		
	Tier	**One-month Supply**	**Three-month Supply**	**Tier**	**One-month Supply**	**Three-month Supply**
	Tier 1 (Preferred Generic)	$5 copay	$15 copay	**Tier 1 (Preferred Generic)**	$5 copay	$15 copay
	Tier 2 (Non-Preferred Generic)	$11 copay	$33 copay	**Tier 2 (Non-Preferred Generic)**	$11 copay	$33 copay
	Tier 3 (Preferred Brand)	$44 copay	$132 copay	**Tier 3 (Preferred Brand)**	$44 copay	$132 copay
	Tier 4 (Non-Preferred Brand)	$95 copay	$285 copay	**Tier 4 (Non-Preferred Brand)**	$95 copay	$285 copay
	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	**Tier 5 (Specialty Tier)**	33% of the cost	33% of the cost

Initial Coverage (continued)	**Standard Mail Order Cost-Sharing**		**Standard Mail Order Cost-Sharing**	
	Tier	**Three-month Supply**	**Tier**	**Three-month Supply**
	Tier 1 (Preferred Generic)	$15 copay	**Tier 1 (Preferred Generic)**	$15 copay
	Tier 2 (Non-Preferred Generic)	$33 copay	**Tier 2 (Non-Preferred Generic)**	$33 copay
	Tier 3 (Preferred Brand)	$132 copay	**Tier 3 (Preferred Brand)**	$132 copay
	Tier 4 (Non-Preferred Brand)	$285 copay	**Tier 4 (Non-Preferred Brand)**	$285 copay

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
	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 at the same cost as an in-network pharmacy.	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 at the same cost as an in-network pharmacy.
Coverage Gap	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 $2,960. After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total $4,700, 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.	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 $2,960. After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total $4,700, 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.

	Blue Cross Medicare Advantage Basic (HMO)SM				Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM			
Coverage Gap	**Preferred Retail Cost-Sharing**				**Preferred Retail Cost-Sharing**			
	Tier	**Drugs Covered**	**One-month Supply**	**Three-month Supply**	**Tier**	**Drugs Covered**	**One-month Supply**	**Three-month Supply**
	Tier 1 (Preferred Generic)	All	$0	$0	**Tier 1 (Preferred Generic)**	All	$0	$0
	Tier 2 (Non-Preferred Generic)	All	$6 copay	$18 copay	**Tier 2 (Non-Preferred Generic)**	All	$6 copay	$18 copay
Coverage Gap	**Standard Retail Cost-Sharing**				**Standard Retail Cost-Sharing**			
	Tier	**Drugs Covered**	**One-month Supply**	**Three-month Supply**	**Tier**	**Drugs Covered**	**One-month Supply**	**Three-month Supply**
	Tier 1 (Preferred Generic)	All	$5 copay	$15 copay	**Tier 1 (Preferred Generic)**	All	$5 copay	$15 copay
	Tier 2 (Non-Preferred Generic)	All	$11 copay	$33 copay	**Tier 2 (Non-Preferred Generic)**	All	$11 copay	$33 copay

Coverage Gap	**Standard Mail Order Cost-Sharing**			**Standard Mail Order Cost-Sharing**		
	Tier	**Drugs Covered**	**Three-month Supply**	**Tier**	**Drugs Covered**	**Three-month Supply**
	Tier 1 (Preferred Generic)	All	$15 copay	**Tier 1 (Preferred Generic)**	All	$15 copay
	Tier 2 (Non-Preferred Generic)	All	$33 copay	**Tier 2 (Non-Preferred Generic)**	All	$33 copay

	Blue Cross Medicare Advantage Basic (HMO)SM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,700, you pay the greater of: • 5% of the cost, or • $2.65 copay for generic (including brand drugs treated as generic) and a $6.60 copayment for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,700, you pay the greater of: • 5% of the cost, or • $2.65 copay for generic (including brand drugs treated as generic) and a $6.60 copayment for all other drugs.

SECTION III: ADDITIONAL INFORMATION ABOUT BLUE CROSS MEDICARE ADVANTAGE

Benefit	Blue Cross Medicare Advantage Basic (HMO)	Blue Cross Medicare Advantage Premier Plus (HMO-POS)
Monthly over-the-counter (OTC) purchase allowance If you are a member of a plan with an OTC benefit, you will receive a card with a pre-funded monthly benefit allowance. With this allowance, you may purchase eligible OTC and health-related items (i.e. aspirin, cold & flu relief medications, and adhesive bandages) at any participating pharmacy.	$10.00	Not Included
Silver Sneakers The SilverSneakers® Fitness Program is the nation's leading exercise program designed exclusively for Medicare beneficiaries. Eligible members receive a standard fitness center membership where they can enjoy specialized low-impact SilverSneakers® classes focusing on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination.	Included	Included

† SilverSneakers ® is a registered mark of Healthways, Inc. Healthways SilverSneakers ® Fitness Program is a wellness program owned and operated by Healthways, Inc, an independent company. ® Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

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 1-877-774-8592. 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 1-877-774-8592. 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 1-877-774-8592。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 1-877-774-8592。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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-774-8592. 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 1-877-774-8592. 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 quí vị cần thông dịch viên xin gọi 1-877-774-8592 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-774-8592. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-877-774-8592 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 1-877-774-8592. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1-877-774-8592. سيقوم شخص ما يتحدث العربية.

Hindi: 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 1-877-774-8592 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 1-877-774-8592. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 1-877-774-8592. 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 1-877-774-8592. 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 1-877-774-8592. 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ございます。通訳をご用命になるには、1-877-774-8592 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。

BlueCross BlueShield of Oklahoma

Plans available in Creek, Mayes, Muskogee, Okmulgee, Payne, Rogers, and Tulsa counties.

HMO and HMO-POS plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) and GHS Managed Health Care Plans, Inc. (GHS-MHC). GHS-MHC and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in GHS-MHC's and BlueLincs' plans depends on contract renewal.