

	Blue Cross Medicare Advantage Basic (HMO) <sup>SM</sup>	Blue Cross Medicare Advantage Choice Plus (PPO) <sup>SM</sup>		Blue Cross Medicare Advantage Choice Premier (PPO) <sup>SM</sup>	
	Houston Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Premium*	\$0	\$35		\$55	
Annual Physical Exam	\$0 copay	\$0 copay	40% coinsurance	\$0 copay	30% coinsurance
Doctors Office Visits Primary Care Physician Specialist	\$0 copay \$35 copay	\$20 copay \$40 copay	40% coinsurance	\$15 copay \$35 copay	30% coinsurance
Chiropractic Services	\$20 copay	\$20 copay	40% coinsurance	\$20 copay	30% coinsurance
Over-the-Counter Monthly Purchase Allowance <sup>†</sup>	\$40	not available		not available	
Diabetes Self-management training, supplies and services	Training: \$0 coinsurance Diabetic Test Strips: 0% coinsurance for items from certain manufacturers when purchased at the pharmacy Other supplies and services: 0% - 20% coinsurance				
Eye Exams Specialist eye exam	\$0 copay for 1 specialist exam	\$0 copay for 1 specialist exam	40% coinsurance	\$0 copay for 1 specialist exam	30% coinsurance
Dental Services Preventive Comprehensive	not covered not covered	not covered not covered	not covered not covered	covered not covered	covered not covered
Emergency Care	\$65 copay				
Inpatient Hospital	\$190/day copay (days 1-7)	\$300/day copay (days 1-7)	40% coinsurance	\$250/day copay (days 1-7)	\$400/day copay (days 1-7)
	\$0 copay for additional days	\$0 copay for additional days		\$0 copay for additional days	
Outpatient Services/Surgery	\$250 copay	\$225 copay	40% coinsurance	\$225 copay	30% coinsurance
Skilled Nursing Facilities	\$0/day copay (days 1-10) \$40/day copay (days 11-20) \$135/day copay (days 21-100)	\$0 copay (days 1-10) \$40/day copay (days 11-20) \$125/day copay (days 21-100)	40% coinsurance	\$0 copay (days 1-10) \$40/day copay (days 11-20) \$125/day copay (days 21-100)	30% coinsurance
Maximum Out-of-Pocket	\$3,400	\$3,400	\$5,100	\$3,400	\$5,000
Travel Out of Service Area	Plan covers you when you travel in the U.S. or its territories.				
Prescription Drug Utilization Benefit Management Programs	Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSTX and you may first need to try more clinically appropriate or cost effective drugs.				

# Compare the prescription drug benefits of all 3 Blue Cross Medicare Advantage<sup>SM</sup> plans.

The added convenience of having your prescription drugs covered is another great reason to choose all-in-one Blue Cross Medicare Advantage.

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Annual Prescription Deductible Amount you pay before Blue Cross Medicare Advantage begins to pay		\$0		\$0		\$0	
	Tiers	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Initial Coverage Period Copays Annual drug costs up to \$2,960 (30-day supply)	Tier 1	\$0 copay	\$5 copay	\$0 copay	\$5 copay	\$0 copay	\$5 copay
	Tier 2	\$6 copay	\$11 copay	\$6 copay	\$11 copay	\$6 copay	\$11 copay
	Tier 3	\$39 copay	\$44 copay	\$39 copay	\$44 copay	\$39 copay	\$44 copay
	Tier 4	\$85 copay	\$95 copay	\$85 copay	\$95 copay	\$85 copay	\$95 copay
	Tier 5	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Gap Coverage Annual drug costs exceeding \$2,960 (up to a total of \$4,700 out-of-pocket costs)		You'll pay \$0 / \$5 for drugs in Tier 1 and \$6 / \$11 for drugs in Tier 2. Otherwise, you'll pay 45% of the cost of Brand Name drugs and 65% of the cost of Generic drugs on Tiers 3, 4 and 5.		You'll pay 45% of the plan's cost for covered Brand Name Drugs and 65% of the plan's cost for Generic Drugs			
After the Gap Copays After your total out-of-pocket costs exceed \$4,700		You pay whichever is greater: Tiers 1 & 2 - \$2.65 copay or 5% coinsurance for your drug Tiers 3 & 4 - \$6.60 copay or 5% coinsurance for your drug Tier 5 - 5% coinsurance for your drug					

- Tier 1 - Preferred Generic Drugs

Tier 2 - Non-Preferred Generic Drugs

Tier 3 - Preferred Brand Drugs

Tier 4 - Non-Preferred Brand Drugs

Tier 5 - Specialty Drugs

Blue Cross Medicare Advantage Preferred Network Pharmacies and their affiliates include:  
Other network pharmacies are available in our network.



All Blue Cross Medicare Advantage plans provide coverage for preventive services. Please see your Summary of Benefits or visit [www.getbluetx.com/mapd](http://www.getbluetx.com/mapd) for more specific information.

\* You must continue to pay your Medicare Part B premium.  
The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.  
Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments, and restrictions may apply.

† Over the counter purchase allowance may not be available in all plans. This is not a mail order card.

HMO plan available in Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery, and Orange counties.

PPO plans available in Bastrop, Burnet, Caldwell, Chambers, Collin, Dallas, Denton, Fayette, Fort Bend, Harris, Hays, Lee, Montgomery, Tarrant, Travis, and Williamson counties.

HMO and PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. HISC is a Medicare Advantage organization with a Medicare contract. Enrollment in HISC's plan depends on contract renewal.