

MedicareBluePPOSM

Summary of Benefits

January 1, 2008 - December 31, 2008

MedicareBluePPOSM

Summary of Benefits

Section 1

Introduction to Summary of Benefits

Thank you for your interest in **Medicare Blue PPO**. Our plan is offered by Blue Cross and Blue Shield of Oklahoma, 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 or list every limitation or exclusion. To get a complete list of our benefits, please call Medicare Blue PPO 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-service) Medicare Plan. Another option is a Medicare health plan, like Medicare Blue PPO. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Medicare Blue PPO 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. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Medicare Blue PPO 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 of the benefits that the original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS MEDICARE BLUE PPO AVAILABLE?

The service area for this plan includes: Canadian, Cleveland, Creek, Delaware, Grady, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Osage, Pawnee, Payne, Pottawatomie, Rogers, Sequoyah, Tulsa, Wagoner, Washington Counties, OK. You must live in one of these places to join the plan.

WHO IS ELIGIBLE TO JOIN MEDICARE BLUE PPO?

You can join Medicare Blue PPO if you are enrolled in Medicare Part B or are entitled to Medicare A and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medicare Blue PPO unless you are a current member of this organization.

CAN I CHOOSE MY DOCTORS?

Medicare Blue PPO 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 or visit us at www.bcbsok.com. Our customer service 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, please call the customer service number at the end of this introduction.

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

Medicare Blue PPO does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

Medicare Blue PPO has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at www.bcbsok.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Medicare Blue PPO uses a formulary. A formulary is a preferred list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.bcbsok.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Medicare Blue PPO, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Medicare Blue PPO, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal and the right to file a grievance with respect to medical services and items. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION MANAGEMENT THERAPY (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Medicare Blue PPO for more details.

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

Talk to your benefits administrator, insurer, or plan provider before you make any changes to your current coverage or you might lose your current coverage. Other types of coverage include employer or union coverage, TRICARE, the Department of Veterans Affairs (VA) benefits, coverage from a special program, or from a Medigap (Medicare supplement Insurance) policy.

If you join a Medicare Advantage Plan, your Medigap policy will not pay any deductibles, copayments or other cost sharing under your Medicare Advantage Plan. Therefore, you may want to drop your Medigap policy if you join a Medicare Advantage Plan. However, you might not be able to get the same policy back, or in some cases, any policy if you leave the Medicare Advantage Plan. You have a legal right to keep the Medigap policy. If you decide to keep your current Medigap supplement policy, and your Medigap supplement offers prescription drug benefits, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Contact your Medigap Issuer for more information.

PLEASE CALL

**Medicare Blue PPO
for more information about this plan.**

Visit us at www.bcbsok.com or, call us:

Current members should call: (800) 642-8065 for questions related to the Medicare Advantage Program. (TTY/TDD (800) 722-0353)

Prospective members should call: (866) 303-BLUE (2583) for questions related to the Medicare Advantage Program. (TTY/TDD (800) 722-0353)

Current members should call: (800) 642-8065 for questions related to the Medicare Part D Prescription Drug Program. (TTY/TDD (800) 722-0353)

Prospective members should call: (866) 303-2583 for questions related to the Medicare Part D Prescription Drug Program. (TTY/TDD (800) 722-0353)

FOR MORE INFORMATION ABOUT MEDICARE,

please 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 - Section 2

If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<p>IMPORTANT INFORMATION</p> <p>1. Premium and Other Important Information</p>	<p>\$96.40 monthly Medicare Part B Premium.</p> <p>\$135 yearly Medicare Part B deductible.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>\$57.50 monthly plan premium in addition to your \$96.40 monthly Medicare Part B premium.</p> <p>\$2500 out-of-pocket limit. Contact the plan for services that apply.</p>	<p>\$500 yearly deductible. Contact the plan for services that apply.</p> <p>\$2500 out-of-pocket limit. Contact the plan for services that apply.</p> <p>Unless otherwise noted, out-of-network services not covered.</p>
<p>2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>No referral required for network doctors, specialists and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>	
<p>INPATIENT CARE</p> <p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period⁽¹⁾: Days 1 - 60: \$1,024 deductible Days 61 - 90: \$256 per day Days 91 - 150: \$512 per lifetime reserve day⁽²⁾</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime</p>	<p>For Medicare-covered hospital stays: Days: 1 - 5: \$100 copay per day Days 6 - 90: \$0 copay per day</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency,</p>	<p>30% of the cost for each hospital stay</p>

⁽¹⁾ 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.

⁽²⁾ Lifetime reserve days can only be used once.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
3. Inpatient Hospital Care (continued)	<p>reserve days. Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. 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.</p>	<p>your doctor must tell the plan that you are going to be admitted to the hospital.</p>	
4. Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day limit in a Psychiatric Hospital</p>	<p>For hospital stays: Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>30% of the cost for each hospital stay.</p>

⁽¹⁾ 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.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>For each benefit period⁽¹⁾ after at least a 3-day covered hospital stay: Days 1 - 20: \$0 per day Days 21 - 100: \$128 per day</p> <p>100 days for each benefit period.</p> <p>A “benefit period”⁽¹⁾ starts the day you go into a hospital or Skilled Nursing Facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. 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.</p>	<p>Prior authorization is required.</p> <p>For Skilled Nursing Facility stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day</p> <p>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p>	<p>Prior authorization is required.</p> <p>30% of the cost for Skilled Nursing Facility benefits.</p>
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	<p>Authorization rules may apply.</p> <p>\$0 copay for Medicare-covered home health visits.</p>	<p>Authorization rules may apply.</p> <p>30% for home health visits.</p>
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care.	You must get care from a Medicare-certified hospice.	

⁽¹⁾ 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.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
7. Hospice (continued)	You must get care from a Medicare-certified hospice.		
OUTPATIENT CARE			
8. Doctor Office Visits	20% coinsurance ⁽³⁾⁽⁴⁾	See "Routine Physical Exams," for more information \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$20 copay for each specialist visit for Medicare-covered benefits.	See "Routine Physical Exams," for more information 30% for each primary care doctor visit. 30% for each specialty visit
9. Chiropractic Services	20% coinsurance ⁽³⁾⁽⁴⁾ Routine care not covered. 20% coinsurance ⁽³⁾⁽⁴⁾ for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider.	\$20 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	30% of the cost for chiropractic benefits.
10. Podiatry Services	20% coinsurance ⁽³⁾⁽⁴⁾ Routine care not covered. 20% coinsurance ⁽³⁾⁽⁴⁾ for medically necessary foot care, including care for medical conditions affecting the lower limbs	\$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	30% of the cost for podiatry benefits.

⁽³⁾ Each year, you pay a total of one \$135 deductible.

⁽⁴⁾ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
11. Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services. ⁽³⁾⁽⁴⁾	\$40 copay for each Medicare-covered individual or group therapy visit.	30% of the cost for Mental Health benefits. 30% of the cost for Mental Health benefits with a psychiatrist.
12. Outpatient Substance Abuse Care	20% coinsurance ⁽³⁾⁽⁴⁾	\$40 copay for Medicare-covered individual or group visits.	30% of the cost for outpatient substance abuse benefits.
13. Outpatient Services/Surgery	20% coinsurance for the doctor ⁽³⁾⁽⁴⁾ 20% of outpatient facility ⁽³⁾⁽⁴⁾	\$150 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.	30% of the cost for ambulatory surgical center benefits. 30% of the cost for outpatient hospital facility benefits.
14. Ambulance Services (medically necessary ambulance services)	20% coinsurance ⁽³⁾⁽⁴⁾	\$100 copay for Medicare-covered ambulance benefits.	\$100 copay for Medicare-covered ambulance benefits
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor ⁽³⁾⁽⁴⁾ 20% of facility charge, or a set copay per emergency room visit. ⁽³⁾⁽⁴⁾ You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the	\$50 for Medicare-covered emergency room visits. If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.	Worldwide coverage. If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.

⁽³⁾ Each year, you pay a total of one \$135 deductible.

⁽⁴⁾ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

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If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
15. Emergency Care (continued)	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.)	20% coinsurance, or a set copay ⁽³⁾⁽⁴⁾ NOT covered outside the U.S. except under limited circumstances.	\$20 to \$50 copay for Medicare-covered urgently needed care visits.	\$20 to \$50 copay for Medicare-covered urgently needed care visits.
17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance ⁽³⁾⁽⁴⁾	20% of the cost for Medicare-covered Occupational Therapy visits. 20% of the cost for Medicare-covered Physical and/or Speech /Language Therapy visits. Additional facility charges may apply.	30% of the cost for Occupational Therapy benefits. 30% of the cost for Physical and/or Speech Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance ⁽³⁾⁽⁴⁾	Authorization rules may apply. 20% of the cost for Medicare-covered items.	Authorization rules may apply. 30% of the cost for durable medical equipment.
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance ⁽³⁾⁽⁴⁾	Authorization rules may apply. 20% of the cost for Medicare-covered items.	Authorization rules may apply. 30% of the cost for prosthetic devices.

⁽³⁾ Each year, you pay a total of one \$135 deductible.

⁽⁴⁾ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<p>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	20% coinsurance ⁽³⁾⁽⁴⁾	<p>20% of the cost for Diabetes self-monitoring training</p> <p>\$0 copay for Nutrition Therapy for Diabetes</p> <p>20% of the cost for Diabetes supplies</p>	<p>30% of the cost for Diabetes self-monitoring training.</p> <p>30% of the cost for Nutrition Therapy for Diabetes.</p> <p>30% of the cost for Diabetes supplies.</p>
<p>21. Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% coinsurance for diagnostic tests and x-rays⁽³⁾⁽⁴⁾</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>Authorization rules may apply.</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - X-rays - diagnostic radiology services (not including X-rays) - therapeutic radiology services <p>\$0 copay for Medicare-covered lab services</p> <p>\$0 to \$100 copay for Medicare-covered diagnostic procedures and tests.</p>	<p>Authorization rules may apply.</p> <p>30% of the cost for diagnostic procedures, tests, and lab services</p> <p>30% of the cost for therapeutic radiology services</p> <p>30% of the cost for diagnostic radiology services</p>

⁽³⁾ Each year, you pay a total of one \$135 deductible.

⁽⁴⁾ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
PREVENTIVE SERVICES			
22. Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance ⁽³⁾⁽⁴⁾ Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	\$0 copay for Medicare-covered bone mass measurement	30% of the cost for Medicare-covered bone mass measurement
23. Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance ⁽³⁾⁽⁴⁾ Covered when you are high risk or when you are age 50 and older	Authorization rules may apply. \$0 to \$100 copay for Medicare-covered colorectal screenings	Authorization rules may apply. 30% of the cost for colorectal screenings.
24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines ⁽³⁾⁽⁴⁾ 20% coinsurance for Hepatitis B vaccine ⁽³⁾⁽⁴⁾ You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	\$0 copay for Flu and Pneumonia vaccines \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.	30% of the cost for immunizations.
25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance ⁽³⁾⁽⁴⁾ No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for	\$0 copay for Medicare-covered screening mammograms.	30% of the cost for screening mammograms.

⁽³⁾ Each year, you pay a total of one \$135 deductible.

⁽⁴⁾ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
25. Mammograms (continued)	women with Medicare between age 35 and 39.		
26. Pap Smears and Pelvic Exams (for women with Medicare)	<p>\$0 copay for Pap smears⁽³⁾⁽⁴⁾</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams⁽³⁾⁽⁴⁾</p>	\$0 copay for Medicare-covered pap smears and pelvic exams	30% of the cost for pap smears and pelvic exams
27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<p>20% coinsurance for the digital rectal exam.⁽³⁾⁽⁴⁾</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.⁽³⁾⁽⁴⁾</p> <p>Covered once a year for all men with Medicare over age 50.</p>	\$0 copay for Medicare-covered prostate cancer screening.	30% of the cost for prostate cancer screening
28. ESRD	20% coinsurance for dialysis ⁽³⁾⁽⁴⁾	<p>\$35 copay for in and out-of-area dialysis</p> <p>\$0 copay for Nutrition Therapy for Renal Disease</p>	<p>30% of the cost for Renal Disease</p> <p>30% of the cost for Nutrition Therapy</p>

⁽³⁾ Each year, you pay a total of one \$135 deductible.

⁽⁴⁾ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<p>29. Prescription Drugs</p> <p>Drugs covered under Medicare Part B</p> <p>Drugs covered under Medicare Part D</p>	<p>Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Part D Prescription Drug Program.)</p>	<p>20% of the cost for Part B covered drugs (not including Part B covered chemotherapy drugs).</p> <p>20% of the cost for Part B covered chemotherapy drugs</p>	<p>30% of the cost for Part B covered drugs</p>
		<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.ccok.com/rxformulary?BusUnit=07 on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medicare Blue PPO for certain drugs.</p>	

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
29. Prescription Drugs (continued)		If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.	
		You may have to pay more than your copay if you choose to use a higher cost drug when a lower cost drug is available.	
		\$0 deductible	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.
		You pay the following until total yearly drug costs reach \$2510:	You pay the following until total yearly drug costs reach \$2510:
Initial Coverage			
Retail Pharmacy		Preferred Generic - \$7 copay for a one-month (30-day) supply of drugs - \$21 copay for a three-month (90-day) supply of drugs	Preferred Generic - \$7 copay for a one-month (30-day) supply of drugs
		Preferred Brand - \$33 copay for a one-month (30-day) supply of drugs - \$99 copay for a three-month (90 day) supply of drugs	Preferred Brand - \$33 copay for a one-month (30-day) supply of drugs

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If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
29. Prescription Drugs (continued)		Non-Preferred Brand and Non-Preferred Generic - \$62 copay for a one-month (30-day) supply of drugs - \$186 copay for a three-month (90-day) supply of drugs	Non-Preferred Brand and Non-Preferred Generic - \$62 copay for a one-month (30-day) supply of drugs
		Non-specialty injectables - 30% coinsurance for a one-month (30-day) supply of drugs - 30% coinsurance for a three-month (90-day) supply of drugs	Non-specialty injectables - 30% coinsurance for a one-month (30-day) supply of drugs
		Specialty injectables - 30% coinsurance for a one-month (30-day) supply of drugs - 30% coinsurance for three-month (90-day) supply of drugs	Specialty injectables - 30% coinsurance for a one-month (30-day) supply of drugs
Long Term Care Pharmacy		Preferred Generic - \$7 copay for a one-month (31-day) supply of drugs	
		Preferred Brand - \$33 copay for a one-month (31-day) supply of drugs	
		Non-Preferred Brand and Non-Preferred Generic - \$62 copay for a one-month (31-day) supply of drugs	

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
29. Prescription Drugs (continued) Mail Order		Non-specialty injectables - 30% coinsurance for a one-month (31-day) supply of drugs Specialty injectables - 30% coinsurance for a one-month (31-day) supply of drugs Preferred Generic - \$7 copay for a one-month (30-day) supply of drugs - \$21 copay for a three-month (90-day) supply of drugs Preferred Brand - \$33 copay for a one-month (30-day) supply of drugs - \$99 copay for a three-month (90-day) supply of drugs Non-preferred Brand and Non-preferred Generic - \$62 copay for a one-month (30-day) supply of drugs - \$186 copay for a three-month (90-day) supply of drugs Non-specialty injectables - 30% coinsurance for a one-month (30-day) supply of drugs - 30% coinsurance for a three-month (90-day)	

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<p>29. Prescription Drugs (continued)</p> <p>Coverage Gap</p> <p>Catastrophic Coverage</p>		<p>supply of drugs</p> <p>Specialty injectables</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs - 30% coinsurance for a three-month (90-day) supply of drugs <p>After your total yearly drug costs reach \$2510, you pay 100%, until your yearly out-of-pocket drug costs reach \$4050.</p> <p>After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance 	<p>After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance
<p>30. Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>\$0 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>	

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
31. Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. ⁽³⁾⁽⁴⁾	In general, routine hearing exams and hearing aids not covered. - \$20 copay for diagnostic hearing exams	30% of the cost for hearing exams
32. Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. ⁽³⁾⁽⁴⁾ Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	Non-Medicare covered eye exams and glasses not covered. \$0 copay for - one pair of eyeglasses or contact lenses after each cataract surgery - \$20 copay for exams to diagnose and treat diseases and conditions of the eye.	30% of the cost for eye exams
33. Physical Exams	20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage. ⁽³⁾⁽⁴⁾ When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.	\$0 copay for routine exams Limited to 1 exam(s) every year.	30% of the cost for routine exams
34. Health/Wellness Education	Not covered.	This plan covers health/wellness education benefits. - Nutritional Training - Nursing Hotline	

⁽³⁾ Each year, you pay a total of one \$135 deductible.

⁽⁴⁾ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

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