

# COMPARISON OF BENEFITS FOR THE MEDICARE SUPPLEMENT PLANS

## Medicare Part A (hospitalization) services

All benefits are based on Medicare-approved amounts.

Part A Network Services	BCBSOK – BlueSecure <sup>SM</sup>	HealthChoice SilverScript High and Low Options
<b>Hospitalization</b>		
Includes semiprivate room, meals, drugs as part of your inpatient treatment, and other hospital services and supplies		
First 60 days	You pay \$0	You pay \$0
Days 61 through 90	You pay \$0	You pay \$0
Days 91 and after while using Medicare's 60 lifetime reserve days	You pay \$0	You pay \$0
The plan's additional lifetime reserve days	You pay \$0 for additional lifetime reserve days Limited to 365 days	You pay \$0 for additional lifetime reserve days Limited to 365 days
Beyond the plan's lifetime reserve days	You pay 100%	You pay 100%
<b>Skilled Nursing Facility Care</b>		
Must meet Medicare requirements, including inpatient hospitalization for at least three days and entering a Medicare-approved facility within 30 days of leaving the hospital; limited to 100 days per calendar year		
First 20 days	You pay \$0	You pay \$0
Days 21 through 100	You pay \$0	You pay \$0
Days 101 and after	You pay 100%	You pay 100%
<b>Hospice Care</b>		
Your doctor and hospice provider must certify you are terminally ill and you elect hospice Includes physical care, counseling, equipment, supplies, respite care, inpatient care and drugs for pain and symptom control	You pay \$0	You pay up to \$5 per prescription for palliative drugs or biologicals You also pay 5% of Medicare amounts for inpatient respite care
<b>Blood</b>		
Limited to the first 3 pints unless you or someone else donates blood to replace what you use	You pay \$0	You pay \$0

**Bold text** indicates significant plan changes. This is only a sample summary of the services covered by each plan. For services not listed in this comparison chart, contact each plan. Refer to Contact Information at the back of this guide.

# Medicare Part B (medical) services

All benefits are based on Medicare-approved amounts

Part B Network Services	BCBSOK – BlueSecure <sup>SM</sup>	HealthChoice SilverScript High and Low Options
<p><b>Medical Expenses</b> Medically necessary outpatient services and supplies Includes doctor's visits, outpatient hospital treatment, surgical services, physical and speech therapy and diagnostic tests</p>	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
<p><b>Clinical Diagnostic Laboratory Services</b> Blood tests, urinalysis and tissue pathology</p>	You pay \$0	You pay \$0
<p><b>Home Health Care</b> Intermittent skilled care and medical supplies</p>	You pay \$0	You pay \$0
<p><b>Durable Medical Equipment</b> Items such as nebulizers, wheelchairs and walkers</p>	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
<p><b>Diabetes Monitoring Supplies</b> Glucose monitors, test strips and lancets for those with diabetes Must be requested by your doctor</p>	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
<p><b>Ostomy Supplies</b> Includes ostomy bags, wafers and other ostomy supplies for those with a need based on their condition</p>	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
<p><b>Blood</b> Includes amounts in addition to the coverage under Part A unless you or someone else donates blood to replace what you use</p>	<b>After 3 pints, you pay \$0 after meeting the Part B deductible</b>	You pay \$0 after meeting the Part B deductible
<p><b>Outpatient Prescriptions</b> Includes infused, oral end-stage renal disease drugs and some cancer and transplant drugs</p>	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible

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## Coverage for additional medical services

Service	BCBSOK – BlueSecure <sup>SM</sup>	HealthChoice SilverScript High and Low Options
<b>Foreign Travel</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.	You pay the first \$250 each calendar year, then 20% and all amounts over the \$50,000 lifetime maximum	You pay the first \$250 each calendar year, then 20% and all amounts over the \$50,000 lifetime maximum
<b>Bariatric Surgery</b>	You pay 20% coinsurance after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
<b>National Diabetes Prevention Program</b>	<b>You pay \$0</b>	You pay \$0

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## Medicare preventive services

Medicare Part B covers many preventive services, such as your annual flu vaccination, wellness visit and screening mammogram, at 100% when you use a doctor or other health care provider who accepts Medicare assignment; however, certain preventive services may still require the Part B deductible or coinsurance. Coinsurance can apply depending on where you receive certain services.

For Medicare to cover preventive services, you must follow their guidelines for each service. Guidelines can include criteria for age, frequency and disease risk.

For a list of preventive services and details on Medicare coverage, go to [cms.gov](https://www.cms.gov) or [medicare.gov](https://www.medicare.gov). You can also refer to the 2021 Medicare & You handbook.

# Pharmacy copay structure for Part D network benefits

General Information	BCBSOK – Blue Cross Group MedicareRx <sup>SM</sup>	
<p>This plan uses a formulary Some drugs require prior authorization Quantity limits apply to certain drugs Only copays for covered drugs purchased at network pharmacies count toward out-of-pocket maximums Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003 You will be notified before any changes are made to your plan's formulary</p>	<p>No deductible. No Coverage Gap. There is an annual out-of-pocket maximum</p>	
	<p><b>Preferred Retail*</b></p> <p><b>30-Day Supply</b></p> <p>Preferred Generic Tier 1 \$0 copay</p> <p>Non-Preferred Generic Tier 2 \$2 copay</p> <p>Preferred Brand Tier 3 \$25 copay</p> <p>Non-Preferred Brand Tier 4 \$75 copay</p> <p>Specialty Tier 5 33% coinsurance to <b>\$4,130</b>, then 15% coinsurance to <b>\$6,550</b></p> <p><b>60- or 90-Day Supply Preferred</b></p> <p>Generic Tier 1 \$0 copay (60 or 90)</p> <p>Non-Preferred Generic Tier 2 \$4 copay (60) \$6 copay (90)</p> <p>Preferred Brand Tier 3 \$50 copay (60) \$75 copay (90)</p> <p>Non-Preferred Brand Tier 4 \$150 copay (60) \$225 copay (90)</p> <p>Specialty Tier 5 33% coinsurance to <b>\$4,130</b>, then 15% coinsurance to <b>\$6,550</b> TrOOP MOOP set at <b>\$6,550</b> for all tiers</p> <p>*Preferred pharmacies include but are not limited to Walgreens, PPOK, Access Health Independent Pharmacies</p>	<p><b>Standard Retail</b></p> <p><b>30-Day Supply</b></p> <p>Preferred Generic Tier 1 \$5 copay</p> <p>Non-Preferred Generic Tier 2 \$7 copay</p> <p>Preferred Brand Tier 3 \$40 copay</p> <p>Non-Preferred Brand Tier 4 \$95 copay</p> <p>Specialty Tier 5 33% coinsurance to <b>\$4,130</b>, then 15% coinsurance to <b>\$6,550</b></p> <p><b>60- or 90-Day Supply Preferred</b></p> <p>Generic Tier 1 \$10 copay (60) \$15 copay (90)</p> <p>Non-Preferred Generic Tier 2 \$14 copay (60) \$21 copay (90)</p> <p>Preferred Brand Tier 3 \$80 copay (60) \$120 copay (90)</p> <p>Non-Preferred Brand Tier 4 \$190 copay (60) \$285 copay (90)</p> <p>Specialty Tier 5 33% coinsurance to <b>\$4,130</b>, then 15% coinsurance to <b>\$6,550</b> TrOOP MOOP set at <b>\$6,550</b> for all tiers</p>
	<p>Mail order: Same retail cost sharing applies for all tiers for applicable day supply Once you reach the <b>\$6,550</b> out-of-pocket maximum, you pay 0% for covered prescription drugs at network pharmacies for the remainder of the calendar year</p>	

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# Pharmacy copay structure for Part D network benefits

General Information	HealthChoice SilverScript High Option
<p>This plan uses a formulary</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Only copays for covered drugs purchased at network pharmacies count toward out-of-pocket maximums</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003</p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p><b>Pharmacy Deductible</b></p> <p>You pay the first \$100 in medication costs before the copays listed below apply.</p> <p>No Coverage Gap. There is an annual out-of-pocket maximum</p> <p><b>30-Day Supply</b></p> <p><b>Generic Tier 1 Drugs</b> Up to \$10 copay</p> <p><b>Preferred Tier 2 Drugs</b> Up to \$45 copay</p> <p><b>Non-Preferred Tier 3 Drugs</b> Up to \$75 copay</p> <p><b>Specialty Tier 4 Drugs</b> Up to \$100 copay</p> <p><b>Preferred Tobacco Cessation Tier 5 Drugs</b> \$0 copay</p> <p><b>31- to 90-Day Supply</b></p> <p><b>Generic Tier 1 Drugs</b> Up to \$25 copay</p> <p><b>Preferred Tier 2 Drugs</b> Up to a \$90 copay</p> <p><b>Non-Preferred Tier 3 Drugs</b> Up to \$150 copay</p> <p><b>Specialty Tier 4 Drugs</b> Specialty drugs are available in only a 30-day supply</p> <p><b>Preferred Tobacco Cessation Tier 5 Drugs</b> \$0 copay</p> <p>Once you reach the <b>\$6,550</b> out-of-pocket maximum, you pay 0% for covered prescription drugs at network pharmacies for the remainder of the calendar year</p>

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# Pharmacy copay structure for Part D network benefits

General Information	HealthChoice SilverScript Low Option
<p>This plan uses a formulary</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Only copays for covered drugs purchased at network pharmacies count toward the out-of-pocket maximums</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003</p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p><b>Pharmacy Deductible</b></p> <p>You pay the first <b>\$445</b> in medication costs</p> <p><b>Initial Coverage Limit</b></p> <p>After the deductible, you and HealthChoice share prescription drug costs. You pay 25% (<b>\$921.25</b>) and HealthChoice pays 75% (<b>\$2,763.75</b>) until total drug spending reaches <b>\$4,130</b></p> <p><b>Coverage Gap</b></p> <p>You pay 100% of your prescription drug costs at discounted rates – 25% of the cost of generic drugs and 25% of the cost of brand-name drugs. What you pay for brand-name drugs plus the 70% manufacturer discount applies to your out-of-pocket to get out of the Coverage Gap. For generic drugs, only what you pay applies</p> <p><b>Catastrophic Coverage</b></p> <p>Once you reach the <b>\$6,550</b> out-of-pocket maximum, you pay \$0 for covered prescription drugs purchased at network pharmacies for the remainder of the calendar year</p>

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