

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	Blue Cross Blue Shield of Oklahoma	HealthChoice SilverScript High and Low Options
<p>Hospitalization Includes semiprivate room, meals, drugs as part of your inpatient treatment, and other hospital services and supplies</p> <p>First 60 days</p> <p>Days 61 through 90</p> <p>Days 91 and after while using Medicare's 60 lifetime reserve days</p> <p>The plan's additional lifetime reserve days</p> <p>Beyond the plan's lifetime reserve days</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0 for additional lifetime reserve days Limited to 365 days</p> <p>You pay 100%</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0 for additional lifetime reserve days Limited to 365 days</p> <p>You pay 100%</p>
<p>Skilled Nursing Facility Care Must meet Medicare requirements, including inpatient hospitalization for at least 3 days and entering a Medicare-approved facility within 30 days of leaving the hospital; limited to 100 days per calendar year</p> <p>First 20 days</p> <p>Days 21 through 100</p> <p>Days 101 and after</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay 100%</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay 100%</p>
<p>Hospice Care 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</p>	<p>You pay \$0</p>	<p>You pay up to \$5 per prescription for palliative drugs or biologicals You also pay 5% of Medicare amounts for inpatient respite care</p>
<p>Blood Limited to the first 3 pints unless you or someone else donates blood to replace what you use</p>	<p>You pay \$0</p>	<p>You pay \$0</p>

Medicare Part B (Medical) Services
All Benefits are Based on Medicare-Approved Amounts

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

Providers who do not accept Medicare assignment cannot charge a Medicare beneficiary more than 115% of the Medicare-approved amount.

Coverage for Additional Medical Services

Service	Blue Cross Blue Shield of Oklahoma	HealthChoice SilverScript High and Low Options
<p>Foreign Travel Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A.</p>	<p>You pay the first \$250 each calendar year, then 20% and all amounts over the \$50,000 lifetime maximum</p>	<p>You pay the first \$250 each calendar year, then 20% and all amounts over the \$50,000 lifetime maximum</p>

Medicare Preventive Services

Medicare Part B covers many preventive services, such as your annual flu vaccination, wellness visit and screening mammogram, at 100 percent 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 2019 *Medicare & You* handbook.

Pharmacy Copay Structure for Part D Network Benefits

General Information	Blue Cross Blue Shield of Oklahoma	
<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 <i>Medicare Modernization Act of 2003</i></p> <p>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>Preferred Retail* 30-Day Supply Preferred Generic (Tier 1) \$0 copay Non-Preferred Generic (Tier 2) \$2 copay Preferred Brand (Tier 3) \$25 copay Non-Preferred Brand (Tier 4) \$75 copay Specialty (Tier 5) 33% coinsurance to \$3,820, then 17% coinsurance to \$5,100</p> <p>60- or 90-Day Supply Preferred Generic (Tier 1) \$0 copay (60 or 90) Non-Preferred Generic (Tier 2) \$4 copay (60) \$6 copay (90) Preferred Brand (Tier 3) \$50 copay (60) \$75 copay (90) Non-Preferred Brand (Tier 4) \$150 copay (60) \$225 copay (90) Specialty (Tier 5) 33% coinsurance to \$3,820, then 17% coinsurance to \$5,100</p> <p>*Preferred pharmacies: Walgreens, PPOK, Access Health Independent Pharmacies</p>	<p>Standard Retail 30-Day Supply Preferred Generic (Tier 1) \$5 copay Non-Preferred Generic (Tier 2) \$7 copay Preferred Brand (Tier 3) \$40 copay Non-Preferred Brand (Tier 4) \$95 copay Specialty (Tier 5) 33% coinsurance to \$3,820, then 17% coinsurance to \$5,100</p> <p>60- or 90-Day Supply Preferred Generic (Tier 1) \$10 copay (60) \$15 copay (90) Non-Preferred Generic (Tier 2) \$14 copay (60) \$21 copay (90) Preferred Brand (Tier 3) \$80 copay (60) \$120 copay (90) Non-Preferred Brand (Tier 4) \$190 copay (60) \$285 copay (90) Specialty (Tier 5) 33% coinsurance to \$3,820, then 17% coinsurance to \$5,100</p>
	<p>Mail Order: Same retail cost sharing applies for all tiers for applicable day supply.</p> <p>Once you reach the \$5,100 out-of-pocket maximum, you pay 0% for covered prescription drugs at network pharmacies for the remainder of the calendar year.</p>	

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 <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>Pharmacy Deductible 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>30-Day Supply Generic (Tier 1) Drugs Up to \$10 copay Preferred (Tier 2) Drugs Up to \$45 copay Non-Preferred (Tier 3) Drugs Up to \$75 copay Specialty (Tier 4) Drugs Up to \$100 copay Preferred Tobacco Cessation (Tier 5) Drugs \$0 copay</p> <p>31- to 90-Day Supply Generic (Tier 1) Drugs Up to \$25 copay Preferred (Tier 2) Drugs Up to a \$90 copay Non-Preferred (Tier 3) Drugs Up to \$150 copay Specialty (Tier 4) Drugs Specialty drugs are available in only a 30-day supply Preferred Tobacco Cessation (Tier 5) Drugs \$0 copay</p> <p>Once you reach the \$5,100 out-of-pocket maximum, you pay 0% for covered prescription drugs at network pharmacies for the remainder of the calendar year.</p>

Plan changes are indicated by **bold text**.

Pharmacy Copay Structure for Part D Network Benefits

<p style="text-align: center;">General Information</p>	<p style="text-align: center;">HealthChoice SilverScript Low Option</p>
<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 <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>Pharmacy Deductible You pay the first \$415 in medication costs.</p> <p>Initial Coverage Limit After the deductible, you and HealthChoice share prescription drug costs. You pay 25% (\$851.25) and HealthChoice pays 75% (\$2,553.75) until total drug spending reaches \$3,820.</p> <p>Coverage Gap You pay 100% of your prescription drug costs at discounted rates – 37% 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>Catastrophic Coverage Once you reach the \$5,100 out-of-pocket maximum, you pay \$0 for covered prescription drugs purchased at network pharmacies for the remainder of the calendar year.</p>

Plan changes are indicated by **bold text**.