

Premiums and Benefits	BlueCross Secure (HMO)
Prosthetics/Medical Supplies	You pay 20% of the total cost.
Diabetic Supplies and Services	We only cover OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for \$0. Note: In case of an approved medical exception, other brands may be covered, and you pay 20% of the total cost.
Occupational Therapy*	You pay a \$35 copay per visit. *Prior authorization is required.
Outpatient Substance Abuse*	Individual session - You pay a \$35 copay. Group session – You pay a \$40 copay. *Prior authorization is required.
Over-the-Counter Service	You receive \$150 per quarter for a total of \$600 per year in Over-the-Counter items with free shipping. Order placed once per quarter via phone, catalog, or vendor website. You can use an OTC Benefits Card to purchase food in addition to OTC products. See EOC for details.
Physical Exam - Annual	You pay a \$0 copay for one physical exam per year.
Speech and Language Therapy*	You pay a \$35 copay per visit. *Prior authorization is required.
Non-Medicare Home and Bathroom Safety Devices and Modifications	You receive \$100 every year towards non-Medicare home and bathroom safety devices and modifications.
Non-Medicare In-Home Support Services	You receive \$100 every year towards non-Medicare in-home support services for assistance with ADLs/IADLs.
Wellness Programs (e.g., fitness)	You pay \$0 for basic membership to a FitOn participating fitness center and a home fitness kit.

Prescription Drug Coverage

Yearly Deductible Stage: During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.

Initial Coverage Stage: During this stage, the plan pays its share of the cost of your Tier 1, Tier 2, Tier 3, Tier 4, Tier 5 and Tier 6 drugs and you pay your share. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total \$5,030.

Coverage Gap Stage: BlueCross Secure offers additional Gap Coverage, you also receive some coverage for generic drugs. For drugs on Tier 1 and Tier 6 you pay the same share of the cost that you normally pay while in the Initial Coverage Stage, or 25% of the costs, whichever is lower. For all other generic drugs besides those on Tier 1 and Tier 6, you pay 25% of the costs. During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee). For generic drugs, the amount paid by the plan (75%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap. Cost-Sharing may change depending on the pharmacy you choose (preferred or non-preferred, mail-order, Long-Term Care (LTC) or home

infusion, and 30 or 90-day supply) and when you enter another of the four stages of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the stages of the benefit, please call us or access our *Evidence of Coverage* online at www.SCBluesMedAdvantage.com.

Catastrophic Coverage: Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

Part D Prescription Drug Benefit						
Deductible Stage	You pay \$500 deductible on Tiers 3, 4 and 5 only.					
Initial Coverage Stage	Preferred Retail (In-Network)			Standard Retail (In-Network)		
	30-day Supply	60-day Supply	90-day Supply	30-day Supply	60-day Supply	90-day Supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$15 copay
Tier 2: Generic	\$10 copay	\$20 copay	\$30 copay	\$15 copay	\$30 copay	\$45 copay
Tier 3: Preferred Brand	\$42 copay	\$84 copay	\$126 copay	\$47 copay	\$94 copay	\$141 copay
Tier 3: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay
Tier 4: Non-Preferred	\$100 copay	\$200 copay	\$300 copay	\$100 copay	\$200 copay	\$300 copay
Tier 5: Specialty	25% coinsurance	Not Covered	Not Covered	25% coinsurance	Not Covered	Not Covered
Tier 6: Select Care Drugs	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$15 copay

Mail Order and Long-Term Care (LTC)				
Initial Coverage Stage	Mail Order			Long-Term Care
	30-day Supply	60-day Supply	90-day Supply	31-day Supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$10 copay	\$20 copay	\$0 copay	\$10 copay

Tier 3: Preferred Brand	\$42 copay	\$84 copay	\$105 copay	\$42 copay
Tier 3: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay
Tier 4: Non- Preferred	\$100 copay	\$200 copay	\$250 copay	\$100 copay
Tier 5: Specialty	25% coinsurance	Not Covered	Not Covered	25% coinsurance
Tier 6: Select Care Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Limitations, copayments, and restrictions may apply.

Benefits, premiums, copayments, or coinsurance may change on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat BlueCross Secure members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Service number, (855) 204-2744 (TTY users should call 711), or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.