



Blue Advantage® (PPO) – Plus, Capital & Magnolia

MEDICARE ADVANTAGE PLANS WITH PRESCRIPTION DRUG COVERAGE

January 1, 2026—December 31, 2026

This is a summary of drug and health services covered by Blue Advantage (PPO). This booklet gives you a summary of what we cover and what you pay. For a complete list of every covered service or a list of every limitation or exclusion, call us at the phone number on the back cover of this booklet to request an Evidence of Coverage (EOC). You may also email phmedicare@patriushealth.com or view the information at PatriusHealth.com/Documents.

This document is available in other formats such as braille, large print or audio. This document may be available in a non-English language.

Table of Contents

In this Summary of Benefits, you will learn:

- What You Should Know 1
- Blue Advantage (PPO) Premiums 2
- BENEFIT INFORMATION**
- Deductible and Out-Of-Pocket 3
- Covered Medical and Hospital Benefits 4
- Hearing Benefits 9
- Dental & Vision Benefits 10
- Mental Health Services and Other Benefits 11
- Additional Benefits 13
- PRESCRIPTION DRUG BENEFITS**
- Deductibles & Cost-Sharing 16
- MORE BENEFITS WITH YOUR PLAN**
- Additional Information 19
- LEGAL & SUPPORT INFORMATION**
- Notice of Nondiscrimination 20
- Contact Reference 22
- Pre-Enrollment Checklist 23
- Disclosures 24

What Should You Know About Blue Advantage (PPO)

Who can join?

To join **Blue Advantage (PPO) Plus, Capital or Magnolia**, you must:

- Be entitled to Medicare Part A and enrolled in Medicare Part B
- Live in our service area. Our service area includes certain counties in Mississippi. To search for your county, refer to the chart on the following page.

Which doctors, hospitals, and pharmacies can I use?

This Medicare Advantage plan has a network of doctors, hospitals, pharmacies and other providers. You can use in-network and out-of-network providers. Typically, you will pay more for out-of-network services. You can see our plan's provider directory and pharmacy directory at our website PatriusHealth.com/FindaDoctor.

Will I need referrals?

Blue Advantage (PPO) doesn't require a referral from a primary care physician to see a specialist. There may be some providers that require a recommendation or treatment plan from your doctor in order to see you.

What drugs are covered?

You can see our plan's formulary (list of Part D prescription drugs) at our website PatriusHealth.com/DrugLookup. You can also call us to mail you the formulary or we can look up your drugs for you.

Please be aware:

- Prior authorization for certain Part B drugs is required for in-network providers. Step Therapy may also apply. Please visit PatriusHealth.com/PartBDrugs or contact Member Services.
- The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

How can I learn about Original Medicare?

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](https://www.Medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Monthly Plan Premiums for Blue Advantage (PPO) – Plus, Capital & Magnolia

Our service area includes the Mississippi counties in the chart below. Premiums vary by plan and county in which you permanently reside. You must continue to pay your Medicare Part B premium.

Plans by County Service Areas	Premium
Plus George, Hancock, Harrison, Jackson, Pearl River and Stone	\$0
Capital Copiah, Hinds, Madison and Rankin	\$0
Magnolia Calhoun, Chickasaw, Clay, Itawamba, Kemper, Lafayette, Lauderdale, Lee, Lowndes, Marshall, Monroe, Pontotoc, Tate, Tishomingo, Union and Webster	\$0

Benefit Information

There are services throughout this document that **may** require prior authorization **before** you receive them from network providers. If you do not get a prior authorization when required, you may have a reduction in benefits, even though you received services from a network provider. Please contact Member Services or refer to the Evidence of Coverage (EOC) for more information about services that **may** require prior authorization from the plan.

	Plus	Capital	Magnolia
Deductible	\$0 Medical Deductible	\$0 Medical Deductible	\$0 Medical Deductible
<p>Maximum Out-of-Pocket Responsibility</p> <p><i>(does not include prescription drugs)</i></p> <p><i>Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your Maximum Out-of-Pocket.</i></p>	<p>The most you could pay is \$6,750 for services you receive from in-network providers.</p> <p>The most you could pay is \$9,500 for out-of-network providers. Your limit for services received from in-network providers also will count toward this limit.</p>	<p>The most you could pay is \$6,400 for services you receive from in-network providers.</p> <p>The most you could pay is \$9,500 for out-of-network providers. Your limit for services received from in-network providers also will count toward this limit.</p>	<p>The most you could pay is \$5,250 for services you receive from in-network providers.</p> <p>The most you could pay is \$9,500 for out-of-network providers. Your limit for services received from in-network providers also will count toward this limit.</p>

	Plus	Capital	Magnolia
<p>Inpatient Hospital Coverage</p> <p><i>The copay applies per admission, regardless of the number of days, and resets with each new admission.</i></p>	<p>Your In-Network Costs: Days 1-7: \$300 copay per day Days 8 and after: \$0 copay per day until discharge</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: Days 1-7: \$300 copay per day Days 8 and after: \$0 copay per day until discharge</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: Days 1-7: \$275 copay per day Days 8 and after: \$0 copay per day until discharge</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>
<p>Inpatient Mental Health Coverage</p> <p><i>The copay applies per admission, with the same structure for each new admission, subject to lifetime limits.</i></p> <p><i>The limit does not apply to psychiatric services in a general hospital.</i></p>	<p>Your In-Network Costs: Days 1-7: \$300 copay per day Days 8 and after: \$0 copay per day until discharge, up to 190-day lifetime limit for inpatient psychiatric hospital.</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: Days 1-7: \$300 copay per day Days 8 and after: \$0 copay per day until discharge, up to 190-day lifetime limit for inpatient psychiatric hospital.</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: Days 1-7: \$275 copay per day Days 8 and after: \$0 copay per day until discharge, up to 190-day lifetime limit for inpatient psychiatric hospital.</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>
<p>NOTE: Cost-sharing applies with each hospital admission. Transfers to a different facility type are treated as new admissions.</p> <p>For inpatient psychiatric care, each admission counts toward the Medicare 190-day lifetime limit, which does not reset. Once the limit is reached, no further inpatient psychiatric stays are covered by the plan or Original Medicare.</p>			

	Plus	Capital	Magnolia
<p>Outpatient Hospital Coverage</p> <p><i>Including:</i> <i>Observation services</i> <i>Outpatient surgery</i> <i>Diagnostic procedures</i> <i>Therapeutic services</i></p>	<p>Your In-Network Costs: \$0 – \$280 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: \$0 – \$225 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: \$0 – \$250 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>
<p>Ambulatory Surgical Center Services</p>	<p>Your In-Network Costs: \$0 – \$230 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: \$0 – \$175 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: \$0 – \$200 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>
<p>Doctor Visits</p> <p><i>The plans cover telehealth services including those for primary care and specialist physician services and behavioral health providers.</i></p> <p><i>No referrals required to see an in-network specialist.</i></p>	<p>Your In-Network Costs:</p> <p>Primary Care: \$0 copay Specialist: \$25 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs:</p> <p>Primary Care: \$0 copay Specialist: \$25 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs:</p> <p>Primary Care: \$0 copay Specialist: \$25 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>

	Plus	Capital	Magnolia
<p>Preventive Care</p> <p>NOTE: <i>Preventive Care screenings are subject to limitations. Please consult with your doctor prior to scheduling any preventive care screening.</i></p>	<p align="center">Your In-Network Costs: \$0 copay</p> <p align="center">Your Out-of-Network Costs: 50% coinsurance</p>		
	<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • NOTE: <i>Coinsurance/copayments/deductibles may apply for Medicare-covered items or kits required to prepare for the colorectal cancer screening exam.</i> • Depression screening • Diabetes screening • HIV screening • Lung cancer screening • Medical nutrition therapy • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B and pneumonia shots • “Welcome to Medicare” preventive visit (one-time) 		

	Plus	Capital	Magnolia
Emergency Care	Medicare-Covered Emergency Care		
	This copay is waived if you are admitted to the hospital within 24 hours of an emergency room visit.		
	Your In-Network Costs: \$130 copay	Your In-Network Costs: \$130 copay	Your In-Network Costs: \$130 copay
Urgently Needed Services <i>NOTE: Out-of-network providers may be covered at the same cost-sharing when in-network providers are temporarily unavailable.</i>	Worldwide Emergency Care Services		
	\$50,000 annual coverage for medical services provided outside the United States that would be classified as emergency or urgently needed services had they been covered in the United States. The coverage includes ambulance services. In-network copays will apply. (For Emergency and Urgently Needed Services benefits, see the chart on this page. For Ambulance benefits, see page 12 of this book.) For more information, call Member Services or refer to your Evidence of Coverage (EOC).		
	Your In-Network Costs: \$0 copay for Medicare-covered urgently needed Primary Care Physician visits \$25 copay for Medicare-covered urgently needed Specialists visits	Your In-Network Costs: \$0 copay for Medicare-covered urgently needed Primary Care Physician visits \$25 copay for Medicare-covered urgently needed Specialists visits	Your In-Network Costs: \$0 copay for Medicare-covered urgently needed Primary Care Physician visits \$25 copay for Medicare-covered urgently needed Specialists visits
Diagnostic Services/ Labs/ Imaging	Diagnostic radiology services (such as MRIs, CT scans)		
	Your In-Network Costs: \$100 copay	Your In-Network Costs: \$75 copay	Your In-Network Costs: \$50 copay
	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance

	Plus	Capital	Magnolia
Diagnostic Services/Labs/Imaging (continued)	Diagnostic tests and procedures		
	Your In-Network Costs: \$0 copay	Your In-Network Costs: \$0 copay	Your In-Network Costs: \$0 copay
	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance
	Lab services		
	Your In-Network Costs: \$0 copay	Your In-Network Costs: \$0 copay	Your In-Network Costs: \$0 copay
	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance
	Outpatient X-rays		
	Your In-Network Costs: \$10 copay	Your In-Network Costs: \$10 copay	Your In-Network Costs: \$10 copay
	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance
	Therapeutic radiology services (such as radiation treatment for cancer)		
Your In-Network Costs: \$25 copay	Your In-Network Costs: \$30 copay	Your In-Network Costs: \$25 copay	
Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance	

	Plus	Capital	Magnolia
Hearing Services	Medicare-covered diagnostic hearing exam		
	Your In-Network Costs: \$10 copay	Your In-Network Costs: \$10 copay	Your In-Network Costs: \$10 copay
	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance	Your Out-of-Network Costs: 50% coinsurance
	Annual routine hearing exam¹		
	Your In-Network Costs: You pay nothing	Your In-Network Costs: You pay nothing	Your In-Network Costs: You pay nothing
	Your Out-of-Network Costs: You pay nothing	Your Out-of-Network Costs: You pay nothing	Your Out-of-Network Costs: You pay nothing
Hearing Aids (one per ear, per year)¹			
\$499 copay per aid for TruHearing Standard			
\$699 copay per aid for TruHearing Advanced			
\$999 copay per aid for TruHearing Premium			

¹A TruHearing Provider must be used for in-network and out-of-network hearing aid benefit and the annual Routine Hearing Exam. Please call **1-888-990-5525 (TTY 711)** to locate a TruHearing provider and to schedule an appointment.

	Plus	Capital	Magnolia
Dental Services <ul style="list-style-type: none"> • Oral exams • Prophylaxis (cleaning) • Fluoride treatment • Dental X-rays • Extractions • Fillings <p><i>For a list of dental providers, visit our website www.PatriusHealth.com/FindaDoctor.</i></p>	Medicare-covered dental benefits		
	Your In-Network Costs: \$30 copay Your Out-of-Network Costs: 50% coinsurance Dental Allowance: \$375 allowance (preventive only) Benefits for extractions, fillings and other comprehensive services are NOT included with this plan.	Your In-Network Costs: \$30 copay Your Out-of-Network Costs: 50% coinsurance Dental Allowance: \$375 allowance (preventive only) Benefits for extractions, fillings and other comprehensive services are NOT included with this plan.	Your In-Network Costs: \$30 copay Your Out-of-Network Costs: 50% coinsurance Dental Allowance: \$1,000 allowance toward Preventive and Comprehensive dental benefits annually The majority of Comprehensive Services are covered. Please call Member Services for any questions relating to your dental coverage.
	Medicare-covered eye exam		
Vision Services	Your In-Network Costs: \$25 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$25 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$25 copay Your Out-of-Network Costs: 50% coinsurance
	Eyeglasses or contact lenses after cataract surgery		
	Your In-Network Costs: \$0 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$0 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$0 copay Your Out-of-Network Costs: 50% coinsurance

	Plus	Capital	Magnolia
<p>Mental Health Services</p> <p><i>This benefit includes telehealth services, such as those provided by behavioral health professionals, and offers access to both individual therapy and outpatient group therapy.</i></p>	<p>Your In-Network Costs: \$25 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: \$25 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: \$25 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>
<p>Skilled Nursing Facility (SNF)</p> <p><i>Our plan covers up to 100 days in a Skilled Nursing Facility (SNF) per benefit period, with no prior 3-day inpatient hospital stay required.</i></p>	<p>Your In-Network Costs: Days 1–20: \$10 copay per day Days 21–100: \$218 copay per day</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: Days 1–20: \$10 copay per day Days 21–100: \$218 copay per day</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: Days 1–20: \$10 copay per day Days 21–100: \$218 copay per day</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>
<p><i>The copays for skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as inpatient and ends when you haven't received any skilled care in a SNF for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period begins. You must pay the copay for each benefit period. There's no limit to the number of benefit periods.</i></p>			

	Plus	Capital	Magnolia
Physical, Occupational, Speech Therapy <i>A pre-certification by the physician is required after the combined 20th therapy visit.</i>	Your In-Network Costs: \$40 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$40 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$25 copay Your Out-of-Network Costs: 50% coinsurance
Ambulance	\$365 copay (per one-way trip)	\$395 copay (per one-way trip)	\$275 copay (per one-way trip)
Transportation	Not covered		
Medicare Part B Drugs <i>Including Part B insulin, chemotherapy and other Part B drugs</i>	Your In-Network Costs: 20% coinsurance Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: 20% coinsurance Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: 20% coinsurance Your Out-of-Network Costs: 50% coinsurance
	In- and Out-of-network: \$35 coinsurance cap for a one-month supply of Medicare Part B insulin used with an insulin pump.		
NOTE: Prior authorization for certain Part B drugs is required for in-network providers. Step Therapy may also apply. Please visit PatriusHealth.com/PartBDrugs or contact Member Services at 1-888-950-0705 (TTY 711) .			

Additional Benefits Information

	Plus	Capital	Magnolia
Medicare-Covered Foot Care (Podiatry)	<p>Your In-Network Costs: \$20 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: \$20 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: \$20 copay</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>
Home Health	<p>Your In-Network Costs: You pay nothing</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: You pay nothing</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: You pay nothing</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>
Hospice	<p>Your In-Network Costs: You pay nothing for a Medicare-certified hospice</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: You pay nothing for a Medicare-certified hospice</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: You pay nothing for a Medicare-certified hospice</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>
Durable Medical Equipment	<p>Your In-Network Costs: 23% coinsurance</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: 25% coinsurance</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>	<p>Your In-Network Costs: 20% coinsurance</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>

	Plus	Capital	Magnolia
Outpatient Rehabilitation			
Cardiac Rehabilitation	Your In-Network Costs: \$20 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$20 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$20 copay Your Out-of-Network Costs: 50% coinsurance
Pulmonary Rehabilitation	Your In-Network Costs: \$15 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$15 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$15 copay Your Out-of-Network Costs: 50% coinsurance
Supervised Exercise Therapy (SET)	Your In-Network Costs: \$10 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$10 copay Your Out-of-Network Costs: 50% coinsurance	Your In-Network Costs: \$10 copay Your Out-of-Network Costs: 50% coinsurance

	Plus	Capital	Magnolia
Diabetes Management			
Insulin (Part B and Part D)	<p>Insulin used with an insulin pump is covered under Part B with a \$35 coinsurance cap for one month supply, in- or out-of-network, not subject to the deductible.</p> <p>Other covered insulins under Part D cost no more than \$35 for one month supply, no matter what tier it's on, not subject to the deductible.</p>		
Diabetes Monitoring Supplies	<p>Your In-Network Costs: You pay nothing</p> <p>Your Out-of-Network Costs: 50% coinsurance</p> <p>\$0 Copay applies to Ascensia (Contour®) and Abbott (FreeStyle®) test strips and meters when obtained through in-network retail or home delivery pharmacies. Other brands require prior approval.</p> <p>Limit: 204 test strips every 30 days</p> <p>Supplies from DME suppliers are subject to standard DME cost-sharing.</p> <p>\$0 Copay applies to Medicare-covered Dexcom® and Abbott (FreeStyle®) Continuous Glucose Monitors (CGM) when obtained through in-network retail or home delivery pharmacies. Other brands require prior approval.</p> <p>Limits: 1 receiver/year, 1 transmitter/90 days, sensors per product labeling.</p> <p>CGMs from DME suppliers follow standard DME cost-sharing.</p> <p>For DME benefits, see page 13 in this booklet.</p>		
Diabetes Self-Management Training	<p>Your In-Network Costs: You pay nothing</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>		
Diabetes Therapeutic Shoes or Inserts	<p>Your In-Network Costs: You pay nothing</p> <p>Your Out-of-Network Costs: 50% coinsurance</p>		

Part D Prescription Drugs Benefit Information

Deductible Stage

Plus	Capital	Magnolia
\$320 Drug Deductible (applies to tiers 3, 4 & 5)	\$300 Drug Deductible (applies to tiers 3, 4 & 5)	\$325 Drug Deductible (applies to tiers 3, 4 & 5)
The plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. For a complete listing of drugs and drug tiers, please visit PatriusHealth.com/DrugLookup .		

Initial Coverage Stage

After you pay your annual drug deductible, you will pay copays and coinsurance until your total yearly drug costs reach **\$2,100** within the calendar year. You may get your drugs at network retail pharmacies and our home delivery pharmacy service.

The pharmacy network includes over 55,000 pharmacies nationwide—including **Walmart, Walgreens, Publix, Kroger, Costco, CVS, Sam's Club** and many neighborhood pharmacies.

For additional information about other pharmacies in our network please contact Member Services at **1-888-950-0705 (TTY 711)** or go to our website at PatriusHealth.com/MyPharmacies.

The network pharmacies listed may change at any time. Blue Advantage members will receive notice when necessary.

For more information about our **Home Delivery Pharmacy Services**, please call Walgreens Mail Service at **1-800-731-3588 (TTY 711)**, Amazon Pharmacy at **1-855-745-5725 (TTY 711)** or Express Scripts® Pharmacy at **1-833-715-0967 (TTY 711)**. **Note:** GLP-1s (e.g., Ozempic) are not available through Express Scripts.

People with limited income and resources may qualify for “Extra Help” from Medicare to assist with prescription drug costs.

Retail Cost-Sharing & Home Delivery Pharmacy Service

	Plus		Capital		Magnolia	
	30-day supply	100-day supply	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1 Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$13 copay	\$26 copay	\$13 copay	\$26 copay	\$13 copay	\$26 copay
Tier 3 Preferred Brand	19% coinsurance	19% coinsurance	20% coinsurance	20% coinsurance	19% coinsurance	19% coinsurance
Tier 4 Non-Preferred Drug	31% coinsurance	31% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5 Specialty	29% coinsurance	29% coinsurance	29% coinsurance	29% coinsurance	29% coinsurance	29% coinsurance
Reduced cost-share for drugs purchased at a 100-day supply only applies to tiers with a copay.						

Insulins

Your out-of-pocket costs for insulins will be no more than **\$35** for one-month supply covered by your plan no matter what cost-sharing tier it's on even if you haven't paid your deductible.

Long-Term Care

If you live in a long-term care facility, you'll pay the same amount for your drugs as you would at a retail pharmacy. You can still use a pharmacy that isn't in your plan's network, but it may cost more. What you pay might also change depending on whether you choose a 30-day or 100-day supply.

Catastrophic Coverage

After your yearly out-of-pocket drug costs — including those from retail pharmacies and our home delivery pharmacy service — reach **\$2,100**, you pay **\$0** for covered drugs for the rest of the calendar year.

For detailed information about your costs in these stages, look at Chapter 6, in the Evidence of Coverage online at [PatriusHealth.com/Documents](https://www.patriushealth.com/Documents).

The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that is designed to help manage your out-of-pocket drug costs by spreading them across the calendar year (January-December) in monthly payments. This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs. To learn more about this payment option, please visit [Medicare.gov](https://www.Medicare.gov) or contact Blue Advantage's Medicare Prescription Payment Plan Support Line at **1-833-202-8162 (TTY 711)**.

Hours of Operation (Central Standard Time):

Monday through Friday, 7 a.m. – 10 p.m.

October 1 – December 7, 7 days a week, 7 a.m. – 12 a.m.

December 8 – March 31, 7 days a week, 7 a.m. – 10 p.m.

More Benefits with Your Plan

Blue Advantage Plus, Capital and Magnolia offer the supplemental benefits below, in addition to Part C and Part D benefits.

24-Hour Online Access

Claims, ID cards, health and wellness tools and much more can be found at PatriusHealth.com/GetStarted.

AirMed International

If you're hospitalized more than 150 miles from your home, AirMed International will provide an air ambulance to bring you to your local hospital. There is no cost to you for this service.

Emotional Support Helpline

1-855-339-9812 (TTY 711) In partnership with Lucet, Patrius Health offers behavioral health services to our members as part of your mental health benefits. You also have 24-hour access to caring confidential emotional support during personal crises and disasters.

Post Discharge Meals

Up to 14 home delivered meals provided by the approved vendor upon each inpatient hospital discharge with two of the following diagnoses:

- COPD • Congestive Heart Failure • Diabetes • Rheumatoid Arthritis • Vascular Disease

The benefit described above is offered under Uniformity Flexibility and is available only to members who meet specific eligibility criteria. Not all members qualify.

Notice of Nondiscrimination

Discrimination is Against the Law

Patrius Health, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Patrius Health:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Patrius Health, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@patriushealth.com (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Visit PatriusHealth.com/NoticeofNondiscrimination to view an electronic version of this notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意：如果您说普通话，我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服，以易读格式向您提供信息。请拨打 1-855-216-3144 (TTY: 711) 或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-216-3144 (TTY: 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie 1-855-216-3144 (TTY: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કોલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें। .

Japanese: ご案内：日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144 (TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ເອົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ: Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: Paunawa: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT: Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.

Contact Reference

Contact name	Phone number	Website
Before you enroll	1-888-832-0046 (TTY 711)	PatriusHealth.com
After you enroll	1-888-950-0705 (TTY 711)	PatriusHealth.com
Your agent/broker (use this space to write down your agent/broker's phone number)		
Find a network doctor, hospital, or pharmacy	1-888-950-0705 (TTY 711)	PatriusHealth.com/FindaDoctor
Dental Services	1-888-950-0705 (TTY 711)	PatriusHealth.com
Emotional Support Helpline	1-855-339-9812 (TTY 711)	
TruHearing	1-888-990-5525 (TTY 711)	
Home Delivery Pharmacy Services	Walgreens Mail Service 1-800-731-3588 (TTY 711)	Walgreensmailservice.com
	Amazon Pharmacy 1-855-745-5725 (TTY 711)	Pharmacy.amazon.com/medicaremyw
	Express Scripts Pharmacy 1-833-715-0967 (TTY 711)	Express-scripts.com/rx
Medicare	1-800-633-4227 TTY 1-877-486-2048	Medicare.gov
Worldwide Emergency/Urgent Coverage	1-888-950-0705 (TTY 711)	PatriusHealth.com

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules.

If you have any questions, you can call and speak to Member Services at **1-888-950-0705 or, for TTY users, 711, Monday – Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31, the hours of operation are Monday – Sunday, 8 a.m. – 8 p.m. CST.**

You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit PatriusHealth.com/Documents or call **1-888-950-0705 or, for TTY users, 711**, to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. Go online to PatriusHealth.com/FindaDoctor to see if your doctor is in network or call Member Services for a copy of our Provider Directory.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new

pharmacy for your prescriptions. Go online to PatriusHealth.com/MyPharmacies to see if your pharmacy is in network or call Member Services for a copy of our Pharmacy Directory.

- Review the formulary to make sure your drugs are covered. Go online to PatriusHealth.com/Documents to see if your drug is covered or call Member Services for a copy of our Drug Formulary.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2027.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Disclosures

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Air medical transport services are provided through a contract with AirMed International, LLC, is an independent company that does not provide Patrius Health products. Patrius Health, Inc. is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical services terminate if coverage by your plan ends.

This benefit is an additional benefit package included under Uniformity Flexibility. Members must have two of the following conditions to be eligible for this benefit: COPD, Diabetes, Congestive Heart Failure, Vascular Disease or Rheumatoid Arthritis. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

In some cases, Blue Advantage (PPO) networks are only available in portions of participating states. For more information, please refer to your Evidence of Coverage (EOC) or call Member Services.

Lucet is an independent company providing behavioral health services to Patrius Health members.

Worldwide Emergency/Urgent Coverage refers to coverage of services outside the United States and its territories. Under this benefit, enrollees may obtain only services that would be classified as emergency and urgently needed services had they been covered in the United States. Members utilizing this benefit may remain enrolled in this plan while temporarily outside the United States or its territories for up to six months. This coverage also includes ambulance services worldwide. In-network copays will apply for each covered worldwide emergency/urgent service received.

Prime Therapeutics LLC is an independent company that provides pharmacy solutions for Patrius Health members. Amazon Pharmacy and Express Scripts® Pharmacy are independent companies providing mail-order medication delivery services for Patrius Health members. Walgreens, an independent company, provides mail-order medication delivery services and specialty pharmacy services for Patrius Health members.

For more information, please call us at the phone numbers below or visit us at [PatriusHealth.com](https://www.PatriusHealth.com).

If you are not a member of this plan, call toll-free **1-888-832-0046**. TTY users should call **711**.

If you are a member of this plan, call toll-free **1-888-950-0705**. TTY users should call **711**.

**Monday – Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31,
the hours of operation are Monday – Sunday, 8 a.m. – 8 p.m. CST.**

You may be required to leave a message for calls made after hours, weekends and holidays.

Calls will be returned the next business day.

Blue Advantage is a PPO with a Medicare contract.

Enrollment in Blue Advantage (PPO) depends on contract renewal.



Blue Advantage (PPO) is provided by Patrius Health, an independent licensee of the Blue Cross and Blue Shield Association.