



BlueCross BlueShield
of Texas

Blue Medicare PPOSM

\$0

Zero in on

**savings, coverage, and
your choice of three
affordable plan options**

Zero Plan premium option* — **NEW!**

Zero Copayment option available for
in-network doctor office visits[†] — **NEW!**

Zero Deductible available for built-in
Medicare-approved prescription drug coverage

Plus...

Coverage in or out of the provider network —
with no referrals!

Zero in on all the savings and advantages of built-in Medicare-approved prescription drug coverage!

No matter which Blue Medicare PPO plan option you choose, you are guaranteed built-in Medicare-approved prescription drug coverage for Generic, Preferred Brand, Brand, and Specialty drugs. In addition to savings, you'll enjoy the convenience of having just one card for your health and prescription drug coverage.

Medicare-Approved Prescription Drug Benefits with Blue Medicare PPO

Benefit Phase In-store Benefits (30 day supply)	Blue Medicare PPO Value	Blue Medicare PPO Advantage	Blue Medicare PPO Premier
Individual Deductible	\$60	\$60	\$0
Annual drug costs up to \$2,510	<ul style="list-style-type: none"> - \$10 for Generic - \$45 for Preferred Brand - \$80 for Brand - 30% coinsurance for Specialty drugs 	<ul style="list-style-type: none"> - \$10 for Generic - \$45 for Preferred Brand - \$80 for Brand - 30% coinsurance for Specialty drugs 	<ul style="list-style-type: none"> - \$5 for Generic - \$38 for Preferred Brand - \$60 for Brand - 30% coinsurance for Specialty drugs
Annual drug costs exceeding \$2,510 (up to a total of \$4,050 out-of-pocket costs)	You pay 100%	You pay 100%	<ul style="list-style-type: none"> - \$5 for Generic You pay 100% for Preferred Brand, Brand, and Specialty drugs
After your total out-of-pocket costs exceed \$4,050	You pay the greater of: <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 	You pay the greater of: <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 	You pay the greater of: <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

Copayments shown are per 30-day supply at an in-network pharmacy.

Annual out-of-pocket costs are incurred throughout the benefit year.

Prescription Drug Coverage Highlights

- Coverage for Generics, Brand, and Specialty drugs
- One membership card for health and prescription drug benefits
- Plan with generics as low as \$5 — even in the coverage gap
- \$0 deductible available — so your benefits begin with your very first prescription
- Coverage for more than 2,600 medications
- More than 3,900 participating network pharmacies[‡]

Here's how to save even more...

Save more when you order by mail or when you fill your prescription at the counter of any of these preferred network pharmacies and their affiliates:[§]

- | | | |
|--------------|--------------|---------------------------------|
| • Albertsons | • Sam's Club | • United Supermarket Pharmacies |
| • CVS | • Sav-On | • Walgreens |
| • Kmart | • Target | • Wal-Mart |
| • Kroger | • Tom Thumb | |
| • Randalls | | |

Zero in on the peace of mind you get — from

The benefits listed here are a partial description of what you get with the Blue

	Original Medicare
Premium	2008 Medicare Part B premium amount
Deductible	2008 Medicare Part B Deductible
Hospitalization	Days 1-60 \$1,024 Deductible
Skilled Nursing Facility Care	Days 1-20 \$0 per day
Outpatient Services/Surgery	20% coinsurance for the doctor / 20% of outpatient facility
Doctor Office Visits	20% coinsurance
Emergency Care	20% coinsurance for the doctor / 20% of facility charge, or a set copay per emergency room visit
Diagnostic Tests, X-rays and Lab Services	20% coinsurance / \$0 copay for Medicare-covered lab services
Diabetes Self-Monitoring Training and Supplies	20% coinsurance
Colorectal Screening Exams	20% coinsurance
Immunizations (Flu, Hepatitis B and Pneumonia)	\$0 Flu / 20% coinsurance for Hepatitis B / Call doctor for more information on Pneumonia
Mammogram Screening (for women age 40+)	20% coinsurance
Chiropractic Services	20% coinsurance
Routine Vision Care	20% coinsurance
Routine Hearing Exam and Hearing Aids	Not covered
Out-of-Pocket Maximum	

From a company with the most familiar name in the h

ption only. Please consult the Summary of Benefits, which compares Original Medicare benefits
Medicare PPO benefits and includes other important plan information.

Blue Medicare PPO Value	
In Network	Out of Network
\$0	
\$0	\$500
\$275 per day, days 1-5	30% coinsurance
\$50 per day, days 1-100	30% coinsurance
\$100 per visit	30% coinsurance
\$10 Primary Care copayment, \$40 Specialist copayment	30% coinsurance
\$50 per visit	\$50 per visit
\$0 for lab, 20% coinsurance for X-rays, diagnostic and therapeutic radiology	30% coinsurance
20% coinsurance	20% coinsurance
\$0	30% coinsurance
\$0	30% coinsurance
\$0	30% coinsurance
\$40 per visit	30% coinsurance
\$40 per exam	\$50 per exam
\$40 per exam hearing aids not covered	\$50 per exam
\$2,700	\$5,000

Blue Medicare PPO Advantage	
In Network	Out of Network
\$36.90	
\$0	\$500
\$275 per admission	\$550 per admission
\$20 per day, days 1-100	20% coinsurance
\$50 per visit	20% coinsurance
\$10 Primary Care copayment, \$30 Specialist copayment	\$20 Primary Care copayment, \$60 Specialist copayment
\$50 per visit	\$50 per visit
\$0 for lab, 10% coinsurance for X-rays, diagnostic and therapeutic radiology	20% coinsurance
10% coinsurance	10% coinsurance
\$0	20% coinsurance
\$0	20% coinsurance
\$0	20% coinsurance
\$30 per visit	20% coinsurance
\$30 per exam	\$50 per exam
\$100 allowance for eyewear every two years	\$100 allowance for eyewear every two years
\$30 per exam (\$500 allowance every three years for hearing aids)	\$50 per exam (\$500 allowance every three years for hearing aids)
\$2,700	\$5,000

health care industry!

Blue Medicare PPO Premier	
In Network	Out of Network
\$69.30	
\$0	\$500
\$100 per admission	\$200 per admission
\$20 per day, days 1-100	20% coinsurance
\$50 per visit	20% coinsurance
\$0 Primary Care copayment, \$20 Specialist copayment	\$20 Primary Care copayment, \$40 Specialist copayment
\$50 per visit	\$50 per visit
\$0 for lab, 10% coinsurance for X-rays, diagnostic and therapeutic radiology	20% coinsurance
10% coinsurance	10% coinsurance
\$0	20% coinsurance
\$0	20% coinsurance
\$0	20% coinsurance
\$30 per visit	20% coinsurance
\$20 per exam	\$50 per exam
\$100 allowance for eyewear every two years	\$100 allowance for eyewear every two years
\$20 per exam (\$500 allowance every three years for hearing aids)	\$50 per exam (\$500 allowance every three years for hearing aids)
\$2,700	\$5,000



Questions?

Call
1-866-308-4781,
 8 a.m. – 8 p.m., local time,
 7 days a week.

For the hearing or speech impaired,
 please call:

1-800-538-0380.

Or visit our website at
www.bcbstx.com

Zero in on our 24/7 Nurseline feature — at no additional cost to your insurance!

Our 24/7 Nurseline feature gives you the professional help you need when you're not sure what to do about certain illnesses or injuries, especially at night or on the weekends. Staffed by registered nurses who are available 24 hours a day, 7 days a week, 24/7 Nurseline can help you regarding a wide range of medical conditions, from asthma to high fever. Plus, you have the option to learn about more than 1,200 health topics over the phone via an audio library system — all at no additional cost to your insurance premium.

Note: For medical emergencies, call 911 or your local emergency services first.



**BlueCross BlueShield
 of Texas**

* You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Premiums apply to residents of Harris, Jefferson, Galveston (ZIP codes 77550, 77551 and 77554 not included), Montgomery and El Paso counties only.

† Deductibles, coinsurance and limitations apply to out-of-network benefits. Your responsibility may be greater since coinsurance is based on the Medicare-allotted amount.

‡ Per a GEO Access analysis conducted by Prime Therapeutics on 7/3/2007. Currently there are approximately 1,750 preferred network pharmacies in Texas.

§ At a preferred network pharmacy, you may purchase a 90-day supply of eligible generic or brand prescription drugs and pay only two and a half months of copayments instead of three. Network pharmacies that are not preferred pharmacies do not offer lower copayments for a 90-day supply. The list provided is current as of 5/1/2007 and does not guarantee that a pharmacy is still in the network.

SM Service Mark of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

® Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

Blue Cross and Blue Shield of Texas refers to HCSC Insurance Services Company, which is a wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association and offer or provide services for Medicare Advantage and Part D products under contract H4531 with the Centers for Medicare and Medicaid Services.

