

Live Healthy

Alabama



SPECIAL ISSUE

A wellness publication for our Blue Advantage (PPO) members



**YOUR TOP QUESTIONS
GET SIMPLE
ANSWERS**

**10 TIMES IT'S OK TO
SKIP the ER**

**Prescription Drugs &
DONUT HOLES**

**DO YOU SPEAK
INSURANCE?**



Dear Member,

With summer coming to a close and fall just around the corner, it's time to start preparing for the Annual Enrollment Period (AEP) for Medicare Advantage. Each year Medicare Advantage plans make changes to their products and offer an Annual Enrollment Period for new members to join or allow for current members to make an election change.

AEP is a busy time and you may soon be overwhelmed with information on your Medicare options. Be on the lookout for your Annual Notice of Changes and Evidence of Coverage to arrive in your mailbox around the end of September. These important documents will explain your Blue Advantage benefits and costs for 2015. With Blue Advantage, you'll continue to get your hospital, medical expenses and prescription drugs conveniently covered by one simple and effective plan.

We hope you are pleased with Blue Advantage and you'll remain with us for 2015. If so, you don't have to do anything during AEP; your coverage will automatically continue unless you change it. We also hope you will recommend us to your family and friends!

We look forward to serving you in the upcoming year. We also want to hear back from you; let us know how we are doing! Please email us your questions or feedback, or submit an idea for a story at LiveHealthyAL@bcbsal.org.

Sincerely,

Jan Scott, RN, BSN

Blue Advantage Health Management

Live Healthy Alabama is a publication of Blue Cross and Blue Shield of Alabama, Birmingham, Alabama.

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association. Blue Advantage (PPO) is a Medicare-approved PPO plan. Enrollment in Blue Advantage (PPO) depends on CMS contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

This information is provided for general informational purposes. Information contained in this communication is not intended to replace professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified healthcare provider regarding your healthcare needs. Never disregard professional medical advice or delay seeking medical advice because of something you have read in this informational piece. Always check your benefits for coverage information and limitations.



feeling ill?

Your primary care physician (PCP) should always be your first choice for a healthcare provider. **An emergency room is never the place for a routine office visit or basic medical care.**

However, if you are having an emergency – or even think you are having an emergency – **do not hesitate to call 911 or go to the emergency room, and act quickly!**



DOCTOR

911

Make an Appointment with Your PCP for:

- Earaches
- Sprains
- Sore throat
- Low-grade fevers or fevers that respond to fever-reducing medications
- Joint pain
- Coughs and colds
- Abdominal pains or other viral illness symptoms
- Minor headaches
- Rashes
- Minor cuts or burns

Seek Immediate Medical Attention for:

- ★ Chest pain lasting two minutes or more
- ★ Uncontrolled bleeding
- ★ Sudden or severe bleeding
- ★ Coughing or vomiting blood
- ★ Difficulty breathing or shortness of breath
- ★ Sudden dizziness
- ★ Sudden weakness
- ★ Sudden changes in vision
- ★ Severe/persistent vomiting or diarrhea
- ★ Growing suddenly confused
- ★ Any other situation where a delay in medical care could impact your immediate health

SPOT A STROKE

FAST

FACE ARM SPEECH TIME
DROOPING WEAKNESS DIFFICULTY TO CALL 911

strokeassociation.org

FREE RESOURCE

Blue Advantage offers two free tools to research your health conditions:

- **Symptom Checker**
Available as a free resource through BeHealthy.com.
- **24-hour Nurse Line**
Call 1-800-896-2724 to talk to a Blue Advantage nurse.



I THOUGHT WE WERE TALKING ABOUT Insurance.

So what's up with the

• • • • • *donuts?*

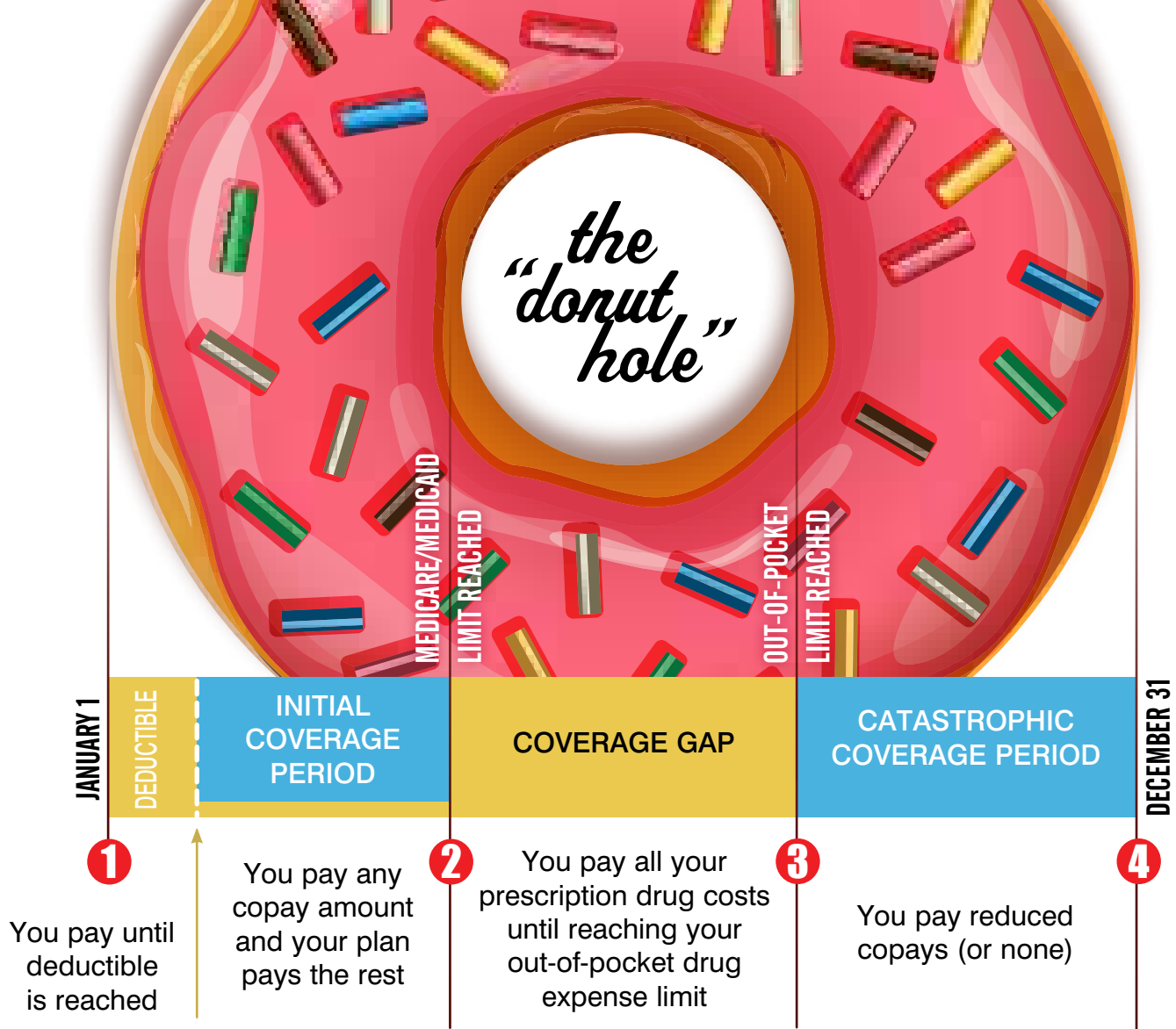
Some of the most common questions we receive in our Blue Advantage customer service department are about prescription drug coverage, and many involve the coverage gap** or “donut hole.” *What is the donut hole?*

Most Medicare Prescription Drug Plans have a coverage gap (also called the “donut hole”). This means there’s a temporary limit on what the drug plan will cover for drugs.

- 1 When the deductible is met, your coverage begins.** Then you pay either the full amount of your prescription drug or your copay, whichever of those amounts is lower.
- 2 After your deductible has been met, you move into your initial coverage phase.** During this phase, you are responsible for paying the copay on any covered prescription drugs. You will continue paying your drug copays until you reach a predetermined limit that has been set by the Centers for Medicaid and Medicare (CMS). For 2014, that amount was \$2850*. Once what you have paid and your plan has paid reaches \$2,850, you then enter the donut hole.
- 3 Once you are in the donut hole, you pay a larger percentage of your drug costs.** Instead of paying a set copay amount, you pay a larger percentage of your plan’s cost for covered drugs. Any amounts you pay toward your drug costs will help you move out of the donut hole and into Catastrophic Drug Coverage.
- 4 In order for Catastrophic Drug Coverage to begin, your out-of-pocket costs for 2014 must reach \$4,550.*** While in catastrophic coverage, you only pay a small coinsurance or copayment for covered drugs for the rest of the benefit year.

* The coverage gap limits are subject to change every year.

** Not everyone will enter the coverage gap.



Since insurance companies may not disclose their 2015 drug coverage amounts until October 1, we used the figures from our 2014 Blue Advantage plan for this example.

Our Social Workers Work for You

Another valuable BlueAdvantage service

Did you know that you have access to a team of social workers who can help you with a variety of services that may not be covered by insurance? They are specially-trained professionals who can help you locate community services for assistance, provide additional resources, and refer you to various social programs and agencies.

Our social workers are experts at finding services within the community for qualifying individuals.

For more information, please call **1-888-341-5030** to talk to your Blue Advantage social worker.

Help is commonly requested for:

- Medication costs
- In-home care
- Household bills
- Food costs
- Transportation
- Home modifications and weatherization

DO YOU SPEAK

“INSURANCE?”

With Medicare’s Annual Enrollment Period right around the corner, now is the perfect time to learn these terms.

Coinsurance – This is a percentage of the cost for medical expenses you may be responsible for after insurance pays. For example, for traditional Medicare Part B services without any additional coverage, the patient’s responsibility would be 20 percent of the Medicare-allowed amount for Medicare-covered services after meeting the Part B deductible.

Copay – A copay is a fixed dollar amount a patient may have to pay towards medical services. For example, a patient may have to pay their copay prior to seeing their primary care doctor or specialist. The copay may be a different amount for primary care physicians than it is for a specialist.

Deductible – This is the total dollar amount that must be paid by you before insurance begins covering any medical expenses.

Medicare Advantage Plan – A Medicare Advantage Plan, such as Blue Advantage, replaces your traditional Medicare coverage with coverage through a private company. It may include additional coverage that is not available through traditional Medicare alone. Most Medicare Advantage Plans include Part D (prescription drug) coverage as part of the package.

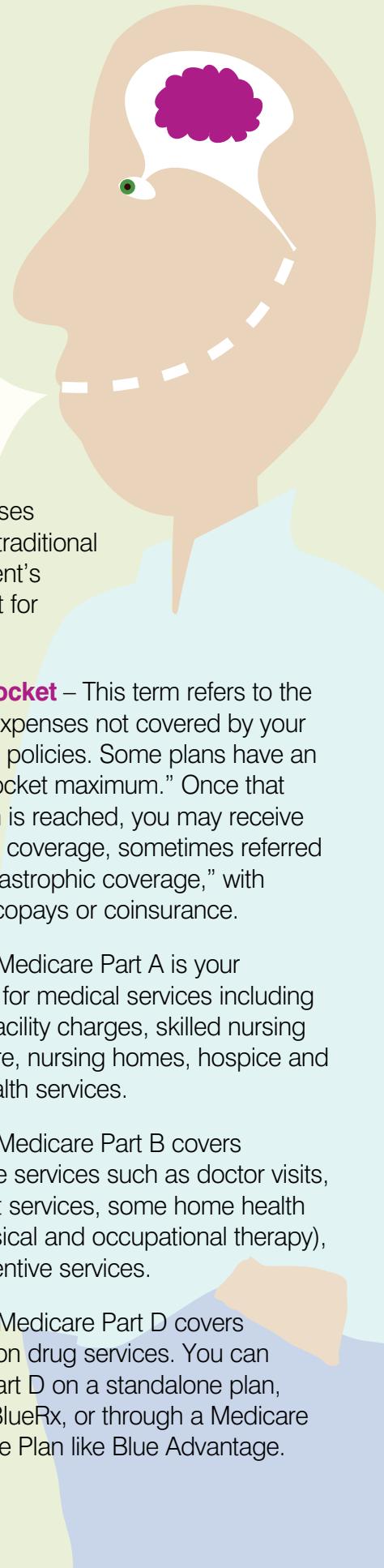
Medicare Supplement Plan – A Medicare supplemental plan, such as our C Plus service, works with Medicare Parts A and B. A supplemental plan may pick up the costs after traditional Medicare stops paying for Medicare-covered services. Most supplements do not include Part D coverage.

Out-of-pocket – This term refers to the medical expenses not covered by your insurance policies. Some plans have an “out-of-pocket maximum.” Once that maximum is reached, you may receive additional coverage, sometimes referred to as “catastrophic coverage,” with reduced copays or coinsurance.

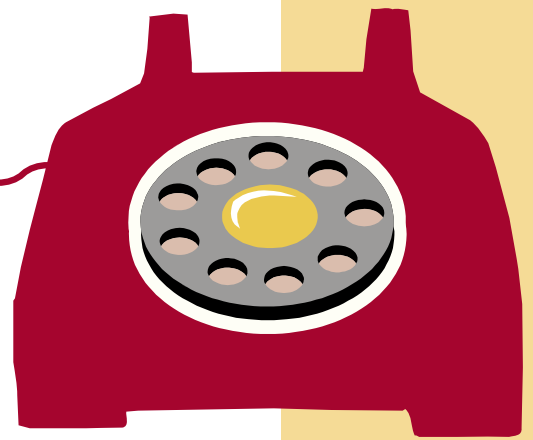
Part A – Medicare Part A is your coverage for medical services including hospital facility charges, skilled nursing facility care, nursing homes, hospice and home health services.

Part B – Medicare Part B covers healthcare services such as doctor visits, outpatient services, some home health (e.g. physical and occupational therapy), and preventive services.

Part D – Medicare Part D covers prescription drug services. You can receive Part D on a standalone plan, such as BlueRx, or through a Medicare Advantage Plan like Blue Advantage.



You have questions. We have *Answers*



Here's what people want to know when they call the Blue Advantage Customer Service Center.

When can I call to see what the benefits are for the following year?

You can contact us after October 1, 2014, to learn more about the benefits for 2015.

Will my Insurance card specify whether I have Blue Advantage Complete or Premier?

No. Your identification card does not specify which plan you have.

Can my payment be electronically debited from my bank account?

Yes, please call Customer Service to set up this payment option.

Can I pick the day I want my payment to be withdrawn from my account?

Unfortunately, all recurring electronic payments must be set up for the first of each month.

Are all drugs covered on my plan?

How do I know which drugs are covered? Not all drugs are covered. Please check your Blue Advantage formulary (list of covered drugs).

Why do certain medications have to be approved every year? Prior authorizations are only approved up to one year. After that, your medication may require another review.



How long does it take for a Prior Authorization to be reviewed? Standard, non-urgent requests are reviewed within 72 hours. Emergency, expedited requests are reviewed within 24 hours.

Do I need a referral to see a specialist? Your Blue Advantage plan does not require a referral to see a specialist. However, some specialists may require a referral from your Primary Care Physician.

Why do I receive so much mail from Blue Advantage? It is important that you stay knowledgeable concerning your coverage. Blue Cross uses mail as a communication method to help you get the most out of your plan.

We hope you find these answers helpful. If you have a question not answered here, please call the Blue Advantage Customer Service Center:

1-888-234-2866 (TTY 711)
Monday – Friday, 8 a.m. – 8 p.m.

According to CMS guidelines, we may not answer questions about benefits for the 2015 plan year until Wednesday, October 1, 2014.

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Health and Wellness or
Prevention Information

Need another copy? Just ask!

LiveHealthyAL@bcbsal.org
1-888-234-8266 (TTY 711)

DATES TO REMEMBER

Mark these dates on your
calendar now so you can get the
most from your 2015 health plan.



October 1, 2014

**Health Insurers Reveal
2015 Plans**

Don't forget to pick your plan!



**October 15 through
December 7, 2014**



**Open
Enrollment
Period** for
Medicare
Advantage
and Medicare
Prescription
Drug Coverage



January 1, 2015

**New Coverage Begins
for 2015**

