MASSACHUSETTS

WACHUSETT, YOU NOW HAVE THREE GREAT OPTIONS FOR YOUR MEDICARE COVERAGE



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

CHOOSE THE PLAN THAT'S RIGHT FOR YOU

One plan doesn't always fit all. That's why we're happy to provide three great options to choose from this year. Each plan provides extensive coverage that Original Medicare doesn't, but each has its own unique benefits. Use the chart below to find the plan that's right for you.

Benefits	Medex® 2	Managed Blue for Seniors	Medicare HMO Blue
	This Medicare supplement plan helps pay for medical costs that aren't covered by Original Medicare, such as copays and co-insurance.	With Managed Blue for Seniors, you have the convenience of selecting a doctor who's close to your home. Your primary care provider attends to all of your health care needs, including hospital services and referrals to specialists.	This all-in-one Medicare Advantage plan offers additional coverage for prescription, dental, vision, and hearing.
Prescription drug coverage	To get prescription drug coverage, you'll need to sign up for Blue MedicareRx (PDP), along with Medex 2. **Retail (30 day supply):** $10 for generic drugs $25 for preferred drugs $50 for non-preferred drugs **Mail (90 day supply):** $20 for generic drugs $50 for preferred drugs $110 for non-preferred drugs	To get prescription drug coverage, you'll need to sign up for Blue MedicareRx (PDP), along with Managed Blue for Seniors. **Retail (30 day supply):** $10 for generic drugs $25 for preferred drugs $50 for non-preferred drugs **Mail (90 day supply):** $20 for generic drugs $50 for preferred drugs $110 for non-preferred drugs	**Retail (30 day supply):** $10 for generic drugs $25 for preferred drugs $45 for non-preferred drugs **Mail (90 day supply):** $20 for generic drugs $50 for preferred drugs $90 for non-preferred drugs
Calendar-year medical deductible	$0	$0	$0
Out-of-pocket maximum	$0	$0	$3,400 calendar-year, out-of-pocket maximum (excludes prescription drug cost sharing)
Inpatient hospital care	$0	$0	$150 per day (days 1-5)
Skilled nursing facility	$0 – up to 100 days per benefit period	$0 – up to 100 days per benefit period	$20 per day (days 1-20) $100 per day (days 21-44) $0 per day (days 45-100)
Doctor office visits	$0	$10 per visit	$15 per primary care provider (PCP) visit
Specialist office visits	$0	$10 per visit	$35 per specialty care visit
Telehealth visits	The same cost as a comparable in-person visit	The same cost as a comparable in-person visit	The same cost as a comparable in-person visit
Emergency/urgent care	$0 in or out of the country	$50 per visit to an emergency room (in or out of the country)	$75 per visit, waived if admitted within 24 hours

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Benefits	Medex® 2	Managed Blue for Seniors	Medicare HMO Blue
Annual physical exam	Not covered	$10 per visit	$0
Routine GYN exam	$0 – One exam every 2 years $0 – One Pap smear test every year	$10 per visit – 1 exam per calendar year	$0 – once every 24 months
Prostate cancer screening	$0 – One per year	$10 per visit	$0 – once per year
Mammogram	$0 – One per year	$0 for routine mammograms – at least once between age 35-39 and once per calendar year for age 40 and older	$0 – every 12 months
Mental health and substance use	$0	$0 for inpatient services / $10 per visit for outpatient services	**Outpatient**: $35 per office or telehealth visit **Inpatient**: $150 per day (days 1-5)
Outpatient diagnostic lab and X-ray services	$0	$0	$5 per day for X-rays; $10 per day for lab tests and other diagnostic tests; $150 per day for CT scans, MRIs, PET scans, and nuclear cardiac imaging tests (imaging costs are waived when performed on the same day as an emergency visit or outpatient day surgery)
Outpatient surgery	$0	$10 per visit to office and health care center services / $0 for hospital and other day surgical facility services	$150 per visit
Durable medical equipment and prosthetic devices	$0	$10 per item	10% of the cost (excluding diabetes equipment and supplies, which are no cost*)
Chiropractic	$0 (Limited to manual manipulation of the spine to correct subluxation)	$10 per visit (limited to spinal manipulation)	$15 per visit (limited to manual manipulation of the spine to correct subluxation)
Hearing exam	Not covered	Not covered	$0 with a TruHearing®´´ provider
Hearing aids	Not covered	Not covered	$699 or $999 copay per aid, up to two TruHearing-branded hearing aids every year (one per ear, per year). Benefit is limited to TruHearing's Advanced and Premium hearing aids. You must see a TruHearing provider to use this benefit.

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Benefits	Medex®´ 2	Managed Blue for Seniors	Medicare HMO Blue
Routine dental exam	Not covered	Not covered	$0 per visit for preventive routine dental care. Limited to one initial and periodic oral exam, one cleaning, (prophylaxis only — does not include periodontal cleaning), and one set of bitewing X-rays twice in a calendar year.
Routine vision exam	Not covered	$10 per visit – 1 exam per calendar year	$0 per visit for a routine refractive eye exam once every 12 months with an EyeMed®´ provider (you must use an EyeMed provider).
Vision supplies	Not covered	Not covered	Eyewear every 24 months, up to a $200 maximum (you must use an EyeMed provider).
Podiatry care	$0 for Medicare covered services	$10 per visit	$35 per visit

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-200-4255** (TTY: **711**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-200-4255** (TTY: **711**).

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