MASSACHUSETTS

Wachusett Regional School District
Medicare HMO Blue (HMO)

2026 BENEFITS OVERVIEW

Drug copayments

$10 – $25 – $45

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

COVERED SERVICES FOR MEDICARE HMO BLUE (HMO) MEMBERS

The information below provides a summary of the drug and health services covered under this plan. The information is not a complete description of benefits. For more information, please contact your benefit administrator.

Plan specifics	In-network
Calendar year deductible	$0
Out-of-pocket maximum	$3,400 calendar-year, out-of-pocket maximum (excludes prescription drug cost sharing)
Covered services	Your cost for in-network Services
Doctor's office or telehealth visits	$15 per primary care provider (PCP) visit $35 per specialty care visit
Inpatient hospital care Hospital care for illness or chronic disease for as many days as medically necessary (includes hospital care in a rehabilitation hospital)	$150 per day—days 1-5
Emergency care[1] Hospital emergency room visits	$75 per visit, waived if admitted within 24 hours
Urgently needed care[1] Doctor's office or telehealth visit	$15 per PCP visit $35 per other provider visit $75 per each office visit for urgently needed services outside the United States (telehealth visits not covered)
Skilled nursing facility (SNF) care Medically necessary care up to 100 days per benefit period[2]	$20 per day—days 1-20 $100 per day—days 21-44 $0 per day—days 45-100
Mental health and substance use Outpatient mental health and substance use care when medically necessary	$35 per office or telehealth visit
Inpatient care for mental health and substance use	$150 per day—days 1-5
Annual physical exam	$0

1. Emergency and urgently needed care are available worldwide.
2. A benefit period begins with the first day of a Medicare-covered inpatient hospital stay and ends with the close of a period of 60 consecutive days during which you were not an inpatient of a hospital or a skilled nursing facility.

Covered services	Your cost for in-network services
Medicare-covered preventive care and screening tests	$0
Mammography screening every 12 months	$0
Routine gynecological exam once every 24 months	$0
Prostate cancer screening exam once per year	$0
Routine dental services 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	$0 per visit
Hearing services Routine diagnostic hearing exam once every 12 months with a TruHearing® provider	$0 You must use a TruHearing provider.
Hearing aids: 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.	$699 or $999 copay per aid
Vision care Routine refractive eye exam once every 12 months with an EyeMed® provider (you must use an EyeMed provider)	$0 per visit
Eyewear every 24 months up to a $200 maximum (you must use an EyeMed provider)	All costs over $200
Other medicare-covered health services Home health services (non-custodial)	$0
Durable medical equipment	10% of the cost (no cost for diabetes equipment and supplies*)
Prosthetic devices and ostomy supplies	10% of the cost
Outpatient diagnostic tests and X-rays	$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 radiation therapy	$0

*Coverage for diabetic test strips and blood glucose monitors is limited to Freestyle® and Accu-Chek® products when purchased at participating retail and mail order pharmacies. Otherwise you pay all costs. For additional information, contact Member Service or refer to your Evidence of Coverage.

COVERED SERVICES FOR MEDICARE HMO BLUE (HMO) MEMBERS

Covered services	Your cost for in-network services
Outpatient surgery	$150 per visit
Physical, occupational, and speech therapy	$15 per visit
Podiatry services Medicare-covered services	$35 per visit
Chiropractic services Manual manipulation of the spine to correct subluxation	$15 per visit
Health and wellness programs Disease-specific health and wellness education	$0
Smoking cessation counseling	$0
Health promotion programs Eligible health club membership, exercise equipment, or exercise classes (up to $150 maximum each calendar year)	You pay any balance in excess of the $150 limit.
Eligible weight-loss program (up to $150 maximum each calendar year)	You pay any balance in excess of the $150 limit.
Prescription drug coverage[3, 4] At a participating retail pharmacy (up to a 30-day supply)[4]	$10 for generic drugs $25 for preferred drugs $45 for non-preferred drugs
Through a participating mail service pharmacy (up to a 100-day supply for generic drugs, and 90-day supply for other drugs)	$20 for generic drugs $50 for preferred drugs $90 for non-preferred drugs

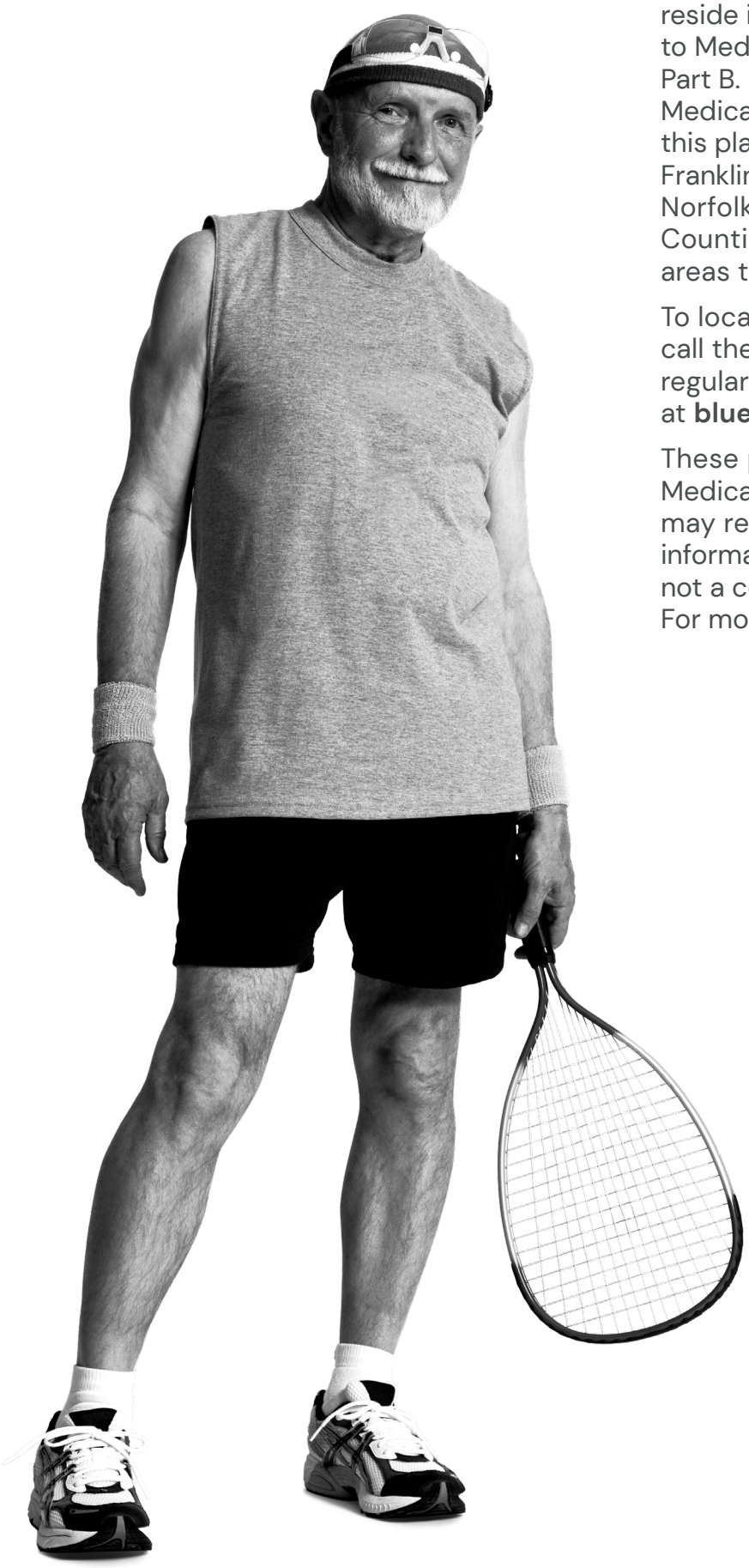
3. Prescription drug copayments apply until your out-of-pocket prescription drug costs for covered Part D drugs reach $2,100; thereafter, you will pay nothing for all Part D covered drugs.
4. Prescription drugs may be available at retail pharmacies up to a 100-day supply. If available, calculate the copayment charge for each 30-day supply. Refer to the Evidence of Coverage for more details.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES

Our plan covers most Part D vaccines at no cost to you. Call Member Service for more information.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN

You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.



MEMBER ELIGIBILITY

To enroll in the plan, retirees must permanently reside in the plan service area and be entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium. The service area for this plan includes: Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties, MA. You must live in one of these areas to join this plan.

To locate a participating network provider, call the Member Service phone line during regular business hours, or visit **Find a Doctor** at **bluecrossma.org**.

These pages summarize benefits under the Medicare HMO Blue (HMO) plan. Some services may require prior authorization. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan.



GET A PERSONALIZED VIEW OF YOUR PLAN

MyBlue is your online member account that gives you instant access to your plan benefits from any device. To get started scan the QR code or visit bluecrossma.org, or download the new app.

NONDISCRIMINATION NOTICE

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. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free 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 or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Medicare Advantage Appeals and Grievance Manager.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Medicare Advantage Appeals and Grievance Manager by mail at P.O. Box 55007, Boston, MA 02205; phone at **1-800-200-4255** (TTY: **711**) from April 1 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week; fax at **617-246-8506**; or email at **MedicareAdvantageRXAppeals@bcbsma.com**. You can file a grievance in person, by mail, fax, email, or you can call **1-800-200-4255** (TTY: **711**).

If you need help filing a grievance, the Medicare Advantage Appeals and Grievance Manager 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 online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at **hhs.gov**.

MASSACHUSETTS

TRANSLATION SERVICES

English: If you speak a language other than English, Blue Cross Blue Shield of Massachusetts has language assistance services and appropriate auxiliary aids and services available free of charge. Call **1-800-678-2265** (TTY: **711**).

Spanish: Si hablas un idioma distinto al inglés, Blue Cross Blue Shield of Massachusetts ofrece servicios de asistencia lingüística y ayudas auxiliares apropiadas de forma gratuita. Llama al **1-800-678-2265** (TTY: **711**).

Chinese Mandarin: 如果您使用的语言不是英语，Blue Cross Blue Shield of Massachusetts 可为您免费提供语言协助服务，以及相应的辅助工具和服务。请致电 **1-800-678-2265**（文字电话：**711**）。

Chinese Cantonese: 如您使用英語以外的語言，Blue Cross Blue Shield of Massachusetts 會提供免費語言協助服務，還有其他適當的輔助及服務。致電 **1-800-678-2265**（聽障熱線 (TTY)：**711**）。

French: Si vous parlez une langue autre que l'Anglais, Blue Cross Blue Shield of Massachusetts propose gratuitement des services d'assistance linguistique et des aides et services auxiliaires appropriés. Appelez le **1-800-678-2265** (le **711** pour le service TTY).

Vietnamese: Nếu quý vị nói một ngôn ngữ khác ngoài tiếng Anh, Blue Cross Blue Shield of Massachusetts có các dịch vụ trợ giúp ngôn ngữ cũng như các dịch vụ và hỗ trợ bổ sung thích hợp miễn phí. Xin gọi số **1-800-678-2265** (TTY:**711**).

Korean: 영어 이외의 언어를 사용하시는 경우, Blue Cross Blue Shield of Massachusetts는 언어 지원 서비스 및 적절한 보조 기구와 서비스를 무료로 제공해 드립니다. **1-800-678-2265** (TTY:**711**)번으로 전화하십시오.

Russian: Если вы не говорите на английском языке, Blue Cross Blue Shield of Massachusetts предлагает бесплатные услуги перевода, а также соответствующие вспомогательные средства и услуги. Звоните по телефону **1-800-678-2265** (TTY: **711**).

Arabic: إذا كنت تتحدّث لغة أخرى غير الإنجليزية، فإن Blue Cross Blue Shield of Massachusetts لديها خدمات مساعدة لغوية ووسائل مساعدة وخدمات مناسبة متاحة مجانًا. اتصل بالرقم 1-800-678-2265 (الهاتف النصي: **711**).

Hindi: यादआपअग्रजाकअलावाकाइअन्यभाषाबालतह, ताBlue Cross Blue Shield of Massachusettsमभाषासहायतासेवाएँऔरउपयुक्तसहायकउपकरणऔरसेवाएँमुफ्तउपलब्धहैं। **1-800-678-2265** (TTY: **711**)परफोनकरें।

Italian: Se parli una lingua diversa dall'inglese, Blue Cross Blue Shield of Massachusetts fornisce gratuitamente servizi di assistenza linguistica, nonché aiuti e servizi ausiliari adeguati. Chiama il numero **1-800-678-2265** (TTY: **711**).

Portuguese: Se você fala um idioma diferente do inglês, a Blue Cross Blue Shield of Massachusetts tem serviços de assistência linguística e auxílios e serviços auxiliares apropriados disponíveis gratuitamente. Ligue para **1-800-678-2265** (TTY: **711**).

Haitian Creole: Si w pale yon lòt lang ki pa Anglè, Blue Cross Blue Shield of Massachusetts gen sèvis asistans pou lang, epitou èd ak sèvis oksilyè apwopriye ki disponib gratis. Rele **1-800-678-2265** (TTY: **711**).

Polish: Jeśli użytkownik mówi w języku innym niż angielski, Blue Cross Blue Shield of Massachusetts oferuje bezpłatne usługi językowe oraz dostosowane opcje i pomoce w zakresie komunikacji. Prosimy zadzwonić pod numer **1-800-678-2265** (TTY: **711**).

Gujarati: જો તમે અંગ્રેજી સિવાયની ભાષા બોલો છો, તો Blue Cross Blue Shield of Massachusetts માં ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સહાય અને સેવાઓ મફતમાં ઉપલબ્ધ છે. **1-800-678-2265** (TTY: **711**) પર કૉલ કરો.

Greek: Εάν μιλάτε άλλη γλώσσα εκτός της αγγλικής, η Blue Cross Blue Shield of Massachusetts διαθέτει υπηρεσίες γλωσσικής υποστήριξης και κατάλληλα βοηθήματα και υπηρεσίες που διατίθενται δωρεάν. Καλέστε στο **1-800-678-2265** (TTY: **711**).

Khmer: ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស នោះ Blue Cross Blue Shield of Massachusetts នឹងផ្តល់ជូនសេវាកម្មជំនួយផ្នែកភាសា និងជំនួយ និងសេវាកម្មបន្ថែមសមស្របដោយឥតគិតថ្លៃ។ ទូរស័ព្ទទៅលេខ **1-800-678-2265** (TTY៖**711**)។

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NOTES

QUESTIONS?

Member Service

1-800-200-4255 (TTY: 711)

April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week.

bluecrossma.com/medicare

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.

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