

UNDERSTANDING YOUR MEDICARE OPTIONS



2018

Blue Cross Blue Shield of Massachusetts offers a flexible range of individual Medicare plans to help you find the right options for your needs.



MASSACHUSETTS

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

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HOW MEDICARE WORKS

Step 1

Enroll in Original Medicare when you become eligible.



Medicare Part A:
Hospital stays



Medicare Part B:
Doctor and outpatient visits

Original Medicare: Original Medicare (Medicare Part A and Part B) is a valuable governmental program that covers certain hospital and doctor costs for its members. But Original Medicare has its limits—it doesn't cover some essential preventive services such as routine vision, hearing, and dental care. It doesn't cover prescription drugs or long-term care, either. Original Medicare also doesn't cover routine physicals, but does cover yearly wellness exams. Talk to your doctor to understand the difference.

Step 2 (two options)

OPTION 1:



 **Medicare Supplement Insurance (Medigap)**

Helps pay the costs that Original Medicare doesn't cover, like copayments, co-insurance, and deductibles from Medicare eligible providers. Some supplement plans can also help pay for medical care when you travel outside the U.S.

and/or

 **Medicare Part D Prescription Drug Coverage**

Lowers your current prescription drug costs and keeps you from having to pay more out-of-pocket.

Vision and hearing rider and dental plans available.

OPTION 2:



 **Medicare Advantage (Medicare Part C + Part D)**

Offers everything that Original Medicare does and more, including prescription drug coverage, and many preventive services such as routine vision, hearing, and dental care.

You must continue to pay your Medicare Part B premium.

Please see pages 4 to 10 for complete coverage details.

WHY CHOOSE BLUE CROSS?

QUALITY

More people in Massachusetts choose our Medicare plans over any other option.¹

SERVICE

Our dedicated Medicare experts are always ready to answer your questions.

TRUST

We offer the strength and stability of a national health care leader trusted by millions of Americans.²



MEDICARE MEMBERS

in the nation enrolled in a Blue Cross Blue Shield plan.²



For the second year in a row, our Blue MedicareRx (PDP) plans are rated 5 out of 5 stars by CMS for 2018.³

Our Medicare HMO and PPO plans are also highly rated with 4.5 out of 5 stars for Overall Plan Rating in 2018.

1. Represents Medicare Advantage and Medicare Supplemental Individual and Group plan membership based on data from CMS (www.cms.gov) and Massachusetts DOI (www.mass.gov).
2. Data attributed to all Blue Cross Blue Shield Association plans across the country, CMS, Barclays Research, 2017, Quarter 2, Brand Protection Financial Services Reporting.
3. Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. Star Ratings can be found at www.medicare.gov.

WE OFFER 3 DIFFERENT TYPES OF MEDICARE PLAN OPTIONS:

OPTION

1 

Medicare Advantage Plans

Covering everything that Original Medicare does and more.

Medicare HMO Blue

- Affordable, fixed costs make budgeting easy
- Choose your primary doctor from an extensive network
- Referrals are needed when seeing specialists
- Includes prescription drug coverage
- Urgent/ER worldwide coverage

Medicare PPO Blue

- Freedom to choose any doctors that accept Medicare
- No referrals needed
- Includes national coverage
- Includes prescription drug coverage
- Urgent/ER worldwide coverage

OPTION

2 

Medicare Supplement Plans (Medigap)

Help pay for costs not covered by Original Medicare.

- Help pay for deductibles, copays, and co-insurance not covered by Medicare
- Freedom to see any doctor nationwide that accepts Medicare¹
- Foreign travel coverage²
- Doesn't cover prescription drugs

OPTION

3 

Part D Prescription Drug Plans

For those who need to add prescription drug coverage.

- Cover brand-name and generic drugs
- Affordable copay options for every budget
- Complement your Supplemental plan for more coverage
- Participating pharmacies located nationwide

Extra Help for Low-Income Members: You may be able to get extra help to pay for your Medicare Part D prescription plan costs. To see if you qualify for payment assistance, call: Medicare, 24 hours a day, 7 days a week, at **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**) or the Social Security Administration, Monday through Friday, 7:00 a.m. to 7:00 p.m. ET, at **1-800-772-1213** (TTY: **1-800-325-0778**).

1. The Medex Choice benefit design requires a primary care provider (PCP) selection from the HMO Blue provider network. If a member does not select a Choice PCP from the HMO Blue provider network, he or she will not receive coverage for the Medicare Part A and Part B deductible or co-insurance for skilled nursing facilities. The member will continue to receive coverage for the 20 percent Medicare Part B co-insurance after Original Medicare processes and pays the claim. Benefits received outside of the HMO Blue network are only covered by Original Medicare, except in the case of emergency medical care and urgent care. No foreign travel coverage for Medex Choice.

2. Foreign travel coverage is not covered under the Medex Choice plan.

KNOW YOUR HEALTH PLAN BASICS

Medical: HMO vs. PPO—What’s the difference?

HMO

vs.

PPO

Standard HMO Features

- You must select a primary care provider (PCP)
- You need a referral to get tests, or see a specialist
- You’re not covered for out-of-network care (except for urgent or emergency care)¹

Standard PPO Features

- You can choose any doctor or hospital—in-network or out-of-network that covers Medicare eligible services
- You don’t need a referral for tests, or specialists
- Your costs may be higher for out-of-network doctors (except for urgent or emergency care)

1. An exception is our Medicare HMO Blue FlexRx plan, which gives you coverage for out-of-network care. Out-of-network costs may be higher.



Pharmacy: There are two types of pharmacies in our Medicare Advantage and Blue MedicareRx (PDP) pharmacy networks:

PREFERRED

vs.

STANDARD

Preferred Pharmacy

Refers to a smaller number of pharmacies within the network that have agreed to charge a lower cost for your medication. When you use a preferred pharmacy, your copayments or co-insurances may be lower.

Standard Pharmacy

Refers to the pharmacies that participate in your plan’s network that may charge a higher copayment or co-insurance than if you use a preferred pharmacy.

Costs: Besides your premium, what other costs could apply?

Deductible: The fixed amount you pay for covered services in a plan year. There is no deductible for medical coverage on any of our plans.

Copayment: A set dollar amount you pay for each health care service, like a doctor’s visit or prescription filled.

Co-insurance: The percentage of costs you pay for covered services.

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. This limit doesn’t include your monthly premium, prescription costs, some routine services, and services not covered by your plan. (e.g. Routine services do not apply to out-of-pocket maximum costs.)

Eligible Massachusetts counties for Medicare Advantage plans include:

- Bristol
- Barnstable
- Essex
- Franklin
- Hampden
- Hampshire
- Middlesex
- Norfolk
- Plymouth
- Suffolk
- Worcester

For more information and to determine eligibility, contact us:



Call: 1-800-678-2265 (TTY: 711)

February 15 through September 30,
8:00 a.m. to 8:00 p.m. ET, Monday through Friday

October 1 through February 14,
8:00 a.m. to 8:00 p.m. ET, 7 days a week



Online: www.bluecrossma.com/medicare

**TURN THE PAGE
to see complete
coverage
details.**



		Monthly Plan Premium ¹	Network	Deductible	Maximum Out-of-Pocket Costs*	YOU PAY	Inpatient Hospital Care	Skilled Nursing	Doctor and Specialist Office Visits	Diagnostic Procedures, Tests, Lab Services and Outpatient Surgery ⁶	Urgent and Emergency Care	Routine Dental Care**	Routine Hearing Care***	Routine Vision Care***	Hearing Aids	Routine Eyewear	Fitness	Weight Loss	OUTPATIENT PRESCRIPTION DRUGS ⁵ : INITIAL COVERAGE STAGE		Mail-Service	Drug Deductible	
																			Preferred Network Retail Cost Sharing: 30-Day Supply	Standard Network Retail Cost Sharing: 30-Day Supply			
Medicare HMO Blue SM ValueRx (HMO)		All eligible counties except Worcester \$36 Worcester County \$56	You generally must receive care from in-network doctors, hospitals, or other providers	\$0	\$4,900		Days 1–5: \$275/day per admission Days 6+: \$0/day	Per benefit period: ³ Days 1–20: \$0/day Days 21–44: \$160/day Days 45–100: \$0/day	\$0 for Medicare preventive services \$20 for PCP visits \$40 for specialist visits	\$30/day for labs and other outpatient diagnostic tests \$20/day for X-rays \$250/day for high-tech radiology per category of test \$0/visit for therapeutic radiological services \$250/visit for outpatient surgery	US—Urgent care: \$20–\$40, Emergency care: \$75 Worldwide—Urgent/ Emergency Care: \$75	\$40/office visit	\$20–\$40/ annual exam	\$40/annual exam	No coverage	\$150/ 2-years	\$150/ calendar year	\$150/ calendar year	Drug Tier 1: \$3 Drug Tier 2: \$7 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 26%	Drug Tier 1: \$8 Drug Tier 2: \$12 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 26%	For a 90-day mail-service supply, you pay: Tier 1: 1x copay, Tiers 2, 3, and 4: 2x copay	\$0 deductible for Tiers 1–2 \$320 deductible for Tiers 3–5	
Medicare HMO Blue SM FlexRx (HMO POS)	In-network	All eligible counties except Worcester \$96	You may go to doctors, hospitals, or other providers in- or out-of-network. In-network services may require referrals and/or prior authorization	\$0	\$3,900		Days 1–5: \$200/day per admission Day 6+: \$0/day	Per benefit period: ³ Days 1–20: \$0/day Days 21–44: \$140/day Days 45–100: \$0/day	\$0 for Medicare preventive services \$15 for PCP visits \$35 for specialist visits	\$15/day for X-rays, labs, and other outpatient diagnostic tests \$200/day for high-tech radiology per category of test \$0/visit for therapeutic radiological services \$200/visit for outpatient surgery	US—Urgent care:\$15-\$35 Emergency care:\$75 Worldwide—Urgent/ Emergency Care: \$75	\$35/office visit	\$15-\$35/ annual exam	\$35/annual exam	\$400/ 3-years	\$150/ 2-years	\$150/ calendar year	\$150/ calendar year	Drug Tier 1: \$1 Drug Tier 2: \$5 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 26%	Drug Tier 1: \$6 Drug Tier 2: \$10 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 26%	For a 90-day mail-service supply, you pay: Tier 1: 1x copay, Tiers 2, 3, and 4: 2x copay	\$0 deductible for Tiers 1–2 \$260 deductible for Tiers 3–5	
	Out-of-network	Worcester County \$106		\$0	\$9,900		20% per admission	20%	\$65/office visit	40% of the cost for high-tech radiology per category of test 20%/day of the cost of X-rays, diagnostic tests, therapeutic radiological services, and lab services 20%/visit of the cost for outpatient surgery	US—Urgent Care: \$65 Emergency Care: \$75 Worldwide—Urgent/ Emergency Care: \$75	\$45/office visit	\$45/ annual exam	No coverage					No coverage	Drug Tier 1: \$1 Drug Tier 2: \$5 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 26%			
Medicare HMO Blue SM PlusRx (HMO)		All eligible counties \$292	You generally must receive care from in-network doctors, hospitals, or other providers	\$0	\$3,400		Days 1–5: \$150/day per admission Days 6+: \$0/day	Per benefit period: ³ Days 1–20: \$20/day Days 21–44: \$100/day Days 45–100: \$0/day	\$0 for Medicare preventive services \$15 for PCP visits \$35 for specialist visits	\$10/day for X-rays, labs, and other outpatient diagnostic tests \$150/day for high-tech radiology per category of test \$0/visit for therapeutic radiological services \$150/visit for outpatient surgery	US—Urgent care: \$15–\$35 Emergency care: \$75 Worldwide—Urgent/ Emergency Care: \$75	\$35/office visit	\$15–\$35/ annual exam	\$35/annual exam	\$400/ 3-years	\$150/ 2-years	\$150/ calendar year	\$150/ calendar year	Drug Tier 1: \$1 Drug Tier 2: \$5 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 25%	Drug Tier 1: \$6 Drug Tier 2: \$10 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 25%	For a 90-day mail-service supply, you pay: Tier 1: 1x copay, Tiers 2, 3, and 4: 2x copay	\$0 deductible for Tiers 1–2 \$200 deductible for Tiers 3–5	
Medicare PPO Blue SM SaverRx (PPO)	In-network	All eligible counties \$0	You may go to doctors, hospitals, or other providers in- or out-of-network without referrals ²	\$0	\$6,700		Days 1–5: \$350/day per admission ⁴ Days 6+: \$0/day	Per benefit period: ³ Days 1–20: \$0/day Days 21–44: \$160/day Days 45–100: \$0/day	\$0 for Medicare preventive services \$25 for Provider of Choice (POC) visits \$45 for specialist visits	\$30/day for X-rays, labs, and other outpatient diagnostic tests \$325/day for high-tech radiology per category of test \$60/visit for therapeutic radiological services \$300/visit for outpatient surgery	US—Urgent care: \$25–\$45 Emergency care: US—\$80 Worldwide—Urgent/ Emergency Care: \$80	\$60/office visit	No coverage	No coverage	No coverage	No coverage	\$150/ calendar year	\$150/ calendar year	\$150/ calendar year	Drug Tier 1: \$5 Drug Tier 2: \$11 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 25%	Drug Tier 1: \$10 Drug Tier 2: \$16 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 25%	For a 90-day mail-service supply, you pay: Tier 1: 1x copay, Tiers 2, 3, and 4: 2x copay	\$0 deductible for Tiers 1–2 \$405 deductible for Tiers 3–5
	Out-of-network																			20%	\$300/visit for outpatient surgery		
Medicare PPO Blue SM ValueRx (PPO)	In-network	All eligible counties except Worcester \$76 Worcester County \$86	You may go to doctors, hospitals, or other providers in- or out-of-network without referrals ²	\$0	\$4,900	Days 1–5: \$250/day per admission ⁴ Days 6+: \$0/day	Per benefit period: ³ Days 1–20: \$0/day Days 21–44: \$160/day Days 45–100: \$0/day	\$0 for Medicare preventive services \$20 for POC visits \$40 for specialist visits	\$20/day for X-rays, labs, and other outpatient diagnostic tests \$250/day for high-tech radiology per category of test \$0/visit for therapeutic radiological service \$225/visit for outpatient surgery	US—Urgent care: \$20–\$40 Emergency care: \$75 Worldwide—Urgent/ Emergency Care: \$75	\$40/office visit	\$20–\$40/ annual exam	\$40/annual exam	No coverage	\$150/ 2-years	\$150/ calendar year	\$150/ calendar year	\$150/ calendar year	Drug Tier 1: \$3 Drug Tier 2: \$7 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 26%	Drug Tier 1: \$8 Drug Tier 2: \$12 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 26%	For a 90-day mail-service supply, you pay: Tier 1: 1x copay, Tiers 2, 3, and 4: 2x copay	\$0 deductible for Tiers 1–2 \$320 deductible for Tiers 3–5	
	Out-of-network																		20%				
Medicare PPO Blue SM PlusRx (PPO)	In-network	All eligible counties \$262	You may go to doctors, hospitals, or other providers in- or out-of-network without referrals ²	\$0	\$3,400	Days 1–5: \$150/day per admission Days 6+: \$0/day	Per benefit period: ³ Days 1–20: \$20/day Days 21–44: \$100/day Days 45–100: \$0/day	\$0 for Medicare preventive services \$15 for POC visits \$35 for specialist visits	\$10/day for X-rays, labs, and other outpatient diagnostic tests \$150/day for high-tech radiology per category of test \$0/visit for therapeutic radiological services \$150/visit for outpatient surgery	US—Urgent care: \$15–\$35 Emergency care: \$75 Worldwide—Urgent/ Emergency Care: \$75	\$35/office visit	\$15–\$35/ annual exam	\$35/annual exam	\$400/ 3-years	\$150/ 2-years	\$150/ calendar year	\$150/ calendar year	\$150/ calendar year	Drug Tier 1: \$1 Drug Tier 2: \$5 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 25%	Drug Tier 1: \$6 Drug Tier 2: \$10 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 25%	For a 90-day mail-service supply, you pay: Tier 1: 1x copay, Tiers 2, 3, and 4: 2x copay	\$0 deductible for Tiers 1–2 \$200 deductible for Tiers 3–5	
	Out-of-network																		\$5,100 in- and out-of-network combined	20% per admission			20%

* For Medicare-covered services
** One exam, one set bite-wing X-rays, and one cleaning every 6 months (Prophylaxis only - does not include periodontal cleaning)
*** One exam per calendar year

1. You must continue to pay your Medicare Part B premium.
2. Except for emergency care, you may pay more for care from out-of-network providers.
3. A “benefit period” starts the day you go into a skilled nursing facility. It ends when you go for 60 days in a row without skilled nursing care.
4. For Medicare PPO BlueSM SaverRx and Medicare PPO BlueSM ValueRx: If you go from an in-network to an out-of-network facility, your transfer counts as a single admission.
5. For coverage gap, you pay 44% co-insurance on covered generics and 35% of the negotiated price, and a portion of the dispensing fee for covered brands. For catastrophic coverage, you pay the greater of \$3.35 for generics or brand drugs treated like generic drugs and \$8.35 for all other drugs, or 5% co-insurance.
6. Prior authorization required for in-network MRI, CT, PET scan, Nuclear Cardiac Studies, Sleep Testing , and Outpatient Surgery



Available to all 65+

Add a **DENTAL BLUE 65** plan to your existing Medicare Advantage or Medex coverage.

Dental care is essential to your overall health! With our plans, you have the freedom to choose any dentist from our network of nearly 7,000 dentists in Massachusetts, New Hampshire, and Rhode Island, plus our extensive national network. And, since our Medicare Advantage plans already include routine dental benefits, adding a Dental Blue 65 plan will ensure you're fully covered.

Dental Blue 65 Preventive

- Pays 100% of covered services
- No calendar year maximum or deductible

Dental Blue 65 Basic

- Pays 100% of preventive services and 50% of basic services
- \$100 annual deductible and \$1,000 calendar-year maximum

Dental Blue 65 Premier

- Pays 100% of preventive services, 80% of basic services, and 50% of premier services
- \$50 annual deductible and \$1,000 calendar-year maximum

	Dental Blue 65		
	Preventive	Basic	Premier
Monthly Plan Premium for 2018	\$24.40	\$37.60	\$59.10
Covered Services*			
Diagnostic Services—no waiting period <ul style="list-style-type: none"> • Initial and routine checkups • X-rays • Emergency exams 	✓	✓	✓
Preventive Services—no waiting period <ul style="list-style-type: none"> • Routine cleaning, scaling, and polishing 	✓	✓	✓
Basic Services—after 6-month waiting period <ul style="list-style-type: none"> • Fillings, extractions, root canals, biopsies • Gum treatment and surgery • Repairs of dentures, crowns and bridges • Emergency treatment 		✓	✓
Major Services—after 12-month waiting period <ul style="list-style-type: none"> • Bridges, dentures, and inlays • Crown repairs and buildup • Dental implants 			✓

* Not a complete list of covered services. Please see Summary of Benefits for details.

Medicare Supplement Plans (Medigap)

	Monthly Premium	Network	Inpatient Hospital Care (Medicare Part A)	Skilled Nursing (Medicare Part A)	Doctors and Outpatient Care (Medicare Part B)	Foreign Travel	Outpatient Prescription Drugs	Fitness	Weight Loss
Original Medicare	Part A and Part B premiums may apply ³	Any doctor, hospital, or other provider that accepts Medicare	You pay per benefit period ⁴ in 2018: Days 1–60: \$1,340 per benefit period ⁴ Days 61–90: \$335/day per benefit period ⁴ Days 91–150: \$670 for each lifetime reserve day Days 151+: 100% of room and board charges	You pay per benefit period ⁴ in 2018: Days 1–20: \$0/day Days 21–100: \$167.50/day Days 100+: 100% of room and board charges	You pay 20% of Medicare-approved costs (coverage begins after you pay \$183 in 2018 calendar year deductible)	Not Covered	You pay 100% for most prescription drugs	Not Covered	Not Covered
Medex[®] Core	\$95.30	Any doctor, hospital, or other provider that accepts Medicare	You pay per benefit period ⁴ in 2018: \$0 after your Part A benefit period ⁴ deductible (refer to the Original Medicare column for details) Medex Core offers an additional 365 days per lifetime when Medicare benefits end	You pay per benefit period ⁴ in 2018: Days 1–20: \$0/day Days 21–100: \$167.50 daily co-insurance Days 100+: 100% of room and board charges	You pay \$0 after your Part B annual deductible of \$183	Covered ⁵	You pay 100% for most prescription drugs	\$150/Calendar Year	\$150/Calendar Year
Medex[®] Choice with a Choice¹ PCP	\$141.67	HMO [®] Blue Network	You pay per benefit period ⁴ in 2018: \$0 Medex Choice offers an additional 365 days per lifetime when Medicare benefits end	You pay per benefit period ⁴ in 2018: Days 1–20: \$0/day Days 21–100: \$0/day Days 101–365: Balance after plan pays \$10/day for Medicare participating skilled nursing facilities Days 366+: 100% of room and board charges	You pay \$0	Not Covered		\$150/Calendar Year	\$150/Calendar Year
Medex[®] Choice with Other² PCP			You pay per benefit period ⁴ in 2018: \$0 after your Part A benefit period ⁴ deductible (refer to the Original Medicare column for details) Medex Choice offers an additional 365 days per lifetime when Medicare benefits end	You pay per benefit period ⁴ in 2018: Days 1–20: \$0/day Days 21–100: \$167.50 daily co-insurance Days 101+: 100% of room and board charges	You pay \$0 after your Part B annual deductible of \$183	Not Covered		See our Part D Plans for more coverage information	\$150/Calendar Year
Medex[®] Bronze	\$191.62	Any doctor, hospital, or other provider that accepts Medicare	You pay per benefit period ⁴ in 2018: \$0 Medex Bronze offers an additional 365 days per lifetime when Medicare benefits end	You pay per benefit period ⁴ in 2018: Days 1–20: \$0/day Days 21–100: \$0/day Days 101–365: Balance after plan pays \$10/day for Medicare participating skilled nursing facilities Days 366+: 100% of room and board charges	You pay \$0	Covered ⁵		\$150/Calendar Year	\$150/Calendar Year

1. Primary care providers (PCPs) are part of the Blue Cross Blue Shield of Massachusetts HMO Blue provider network. When you need specialized care, your PCP will work with you to identify the best doctor for your care and provide a referral, most often to doctors and hospitals with whom they are affiliated in the HMO Blue provider network. If you choose a designated Choice HMO Blue PCP, you will be eligible to receive Medex Choice coverage for your Medicare Part A and Part B deductibles and for Medicare covered admissions in a skilled nursing facility.

2. The Medex Choice benefit design requires a PCP selection from the HMO Blue[®] provider network. If a member does not select a Choice PCP from the HMO Blue provider network, he or she will not receive coverage for the Medicare Part A and Part B deductible or co-insurance for skilled nursing facilities. The member will continue to receive coverage for the 20% Medicare Part B co-insurance after Original Medicare processes and pays the claim. Benefits received outside of the HMO Blue network are only covered by Original Medicare, except in the case of emergency medical care and urgent care.

3. You must continue to pay your Medicare Part B premium.

4. A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.

5. Foreign travel coverage is usually not provided by Medicare. When it is not, Medex provides coverage for both the Medex benefits and the benefits that are normally paid by Medicare for covered services.

Rx Part D Prescription Drug Plans

	Monthly Premium ¹	Annual Deductible	Initial Coverage ²	Coverage Gap ³	Catastrophic Coverage ⁴
Blue MedicareRxSM (PDP) Value Plus	\$38.20	\$0 for Tiers 1 and 2 \$235 for Tiers 3, 4, and 5	Preferred Retail Cost Sharing: For a 30-day retail supply, you pay: Tier 1: \$2, Tier 2: \$7, Tier 3: \$35, Tier 4: 40% of drug costs, Tier 5: 28% of drug costs Standard Retail Cost Sharing: For a 30-day retail supply, you pay: Tier 1: \$7, Tier 2: \$19, Tier 3: \$45, Tier 4: 50% of drug costs, Tier 5: 28% of drug costs For a 90-day mail order supply, you pay: Tier 1: \$2, Tier 2: \$14, Tier 3: \$70, Tier 4: 40% of drug costs, Tier 5: Speciality drugs not available in extended day supply	For covered generics, you pay: 44% of the costs For covered brands, you pay: 35% of the negotiated price (excluding dispensing fees)	You pay the greater of: \$3.35 for generics or brand drugs treated like generic drugs, and \$8.35 for all other drugs, or 5% co-insurance
Blue MedicareRxSM (PDP) Premier	\$122.60	\$0	Preferred Retail Cost Sharing: For a 30-day retail supply, you pay: Tier 1: \$1, Tier 2: \$7, Tier 3: \$30, Tier 4: \$70, Tier 5: 33% of drug costs Standard Retail Cost Sharing: For a 30-day retail supply, you pay: Tier 1: \$6, Tier 2: \$12, Tier 3: \$40, Tier 4: \$80, Tier 5: 33% of drug costs For a 90-day mail order, you pay: Tier 1: \$1, Tier 2: \$14, Tier 3: \$60, Tier 4: \$140, Tier 5: Speciality drugs not available in extended day supply	For covered generics, you pay: Preferred Cost Sharing: Tier 1: \$1, Tier 2: \$7 Standard Cost Sharing: Tier 1: \$6, Tier 2: \$12, or 44% of the costs of generic drugs on all other tiers For covered brands, you pay: 35% of the negotiated price (excluding dispensing fees)	You pay the greater of: \$3.35 for generics or brand drugs treated like generic drugs, and \$8.35 for all other drugs, or 5% co-insurance

Initial Coverage

A copayment or co-insurance for covered prescription drugs, until the annual cost of prescription drug expenses you pay and we pay reaches \$3,750. Any deductible, copayments, or co-insurance you pay counts toward the \$3,750.

Coverage Gap

The cost for covered prescription drug expenses between \$3,750 in drug costs and \$5,000 in annual out-of-pocket costs.

Catastrophic Coverage

The cost for covered prescription drugs after you and others on your behalf have paid \$5,000 in annual out-of-pocket costs. You pay a flat-dollar amount or 5%, whichever is greater.

1. You must continue to pay your Medicare Part B premium.
2. A copayment or co-insurance for covered prescription drugs until the member's total yearly drug costs reach \$3,750.
3. The cost for covered prescription drugs between \$3,750 in total yearly drug costs and \$5,000 in annual out-of-pocket drug costs.
4. The cost for covered prescription drugs after the member pays \$5,000 in annual out-of-pocket costs.

OTHER COVERAGE TO COMPLEMENT YOUR MEDEX PLAN

Add a vision and hearing benefit, dental coverage, or GeoBlue® travel insurance to your plan at any time throughout the year.



Vision and Hearing Plan

- Routine vision and hearing exam
- Up to \$200 for hearing aids
- Up to \$100 for prescription glasses
- Low monthly premium of \$3.67
- For Medex Bronze and Medex Core members only



GeoBlue International Travel Insurance

- Medical, evacuation, and prescription drug coverage
- Single-trip and multi-trip plans available
- Get security wherever you go



Dental Blue 65

- Three affordable options to choose from
- Nearly 7,000 local dentists to choose from across Massachusetts, New Hampshire, and Rhode Island

See page 6 for more details

We're here to simplify Medicare—and make sure you get the best benefits. If you ever have any questions or concerns, we're always happy to talk you through them.

TO LEARN MORE:



Call: **1-800-678-2265 (TTY: 711)**.

February 15 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday
October 1 through February 14, 8:00 a.m. to 8:00 p.m. ET, 7 days a week



Online: www.bluecrossma.com/medicare

YOUR 2018 MEDICARE OPTIONS ARE HERE!

For more information and to determine eligibility, contact us:



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Online: www.bluecrossma.com/medicare



MASSACHUSETTS

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.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

Medex Choice is a Medicare supplement plan from Blue Cross Blue Shield of Massachusetts HMO Blue, a wholly controlled subsidiary of Blue Cross and Blue Shield of Massachusetts.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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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