



Network		Medical Deductible	Maximum Out-of-Pocket Costs ³	YOU PAY	Doctor and Specialist (Office Visits ⁴ and Telehealth)	Urgent and Emergency Care	Inpatient Hospital Care	Diagnostic Procedures, Tests, Lab Services, and Outpatient Surgery ⁴	Outpatient Prescription Drugs: ⁵ Initial Coverage Stage		Drug Deductible
									Preferred Network	Standard Network	
Medicare PPO Blue SaverRx (PPO) Monthly Premium: ¹ \$0 (all eligible counties)	In Network	\$0	\$5,600		\$0 for Medicare preventive services \$0/Provider of Choice (POC) visit \$45/Specialist visit \$30/Behavioral Health visit	U.S.— Urgent Care In Network: \$45 Out of Network: \$55	Days 1–5: \$390/day per admission Days 6+: \$0/day	\$0/day for labs and other outpatient diagnostic tests \$10/day for X-rays \$365/day for high-tech radiology per category of test \$60/visit for therapeutic radiological services \$325/visit for outpatient surgery at an outpatient hospital	Preferred Network	Standard Network	\$0
	Out of Network		\$8,950		\$0 for Medicare preventive services \$25/Provider of Choice (POC) visit \$55/Specialist visit \$40/Behavioral Health visit	Emergency Care: \$90 Worldwide—Urgent/Emergency Care: \$90	Days 1–5: \$440/day per admission Days 6+: \$0/day	45% of the cost for X-rays, labs, and other outpatient diagnostic tests \$375/day for high-tech radiology per category of test 45% of the cost for therapeutic radiological services 45% for outpatient surgery at an outpatient hospital	Drug Tier 1: \$0 Drug Tier 2: \$10 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 30%	Drug Tier 1: \$10 Drug Tier 2: \$20 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 30%	
Medicare PPO Blue ValueRx (PPO) Monthly Premium: ¹ \$75 (all eligible counties) \$85 (Worcester County)	In Network	\$0	\$4,900		\$0 for Medicare preventive services \$0/Provider of Choice (POC) visit \$40/Specialist visit \$30/Behavioral Health visit	U.S.— Urgent Care In Network: \$40 Out of Network: \$50	Days 1–5: \$325/day per admission Days 6+: \$0	\$0/day for labs and other outpatient diagnostic tests \$10/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 at an outpatient hospital	Preferred Network	Standard Network	\$0
	Out of Network				\$4,900	\$0 for Medicare preventive services \$20/Provider of Choice (POC) visit \$50/Specialist visit \$40/Behavioral Health visit	Emergency Care: \$90 Worldwide—Urgent/Emergency Care: \$90	Days 1–5: \$350/day per admission Days 6+: \$0	40% of the cost/visit for X-rays, labs, and other outpatient diagnostic tests \$325/day for high-tech radiology per category of test 40% of the cost for therapeutic radiological services 40% of the cost for outpatient surgery at an outpatient hospital	Drug Tier 1: \$0 Drug Tier 2: \$6 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 28%	
PPO Blue PlusRx (PPO) Monthly Premium: ¹ \$254 (all eligible counties)	In Network	\$0	\$3,400		\$0 for Medicare preventive services \$0/Provider of Choice (POC) visit \$35/Specialist visit \$25 /Behavioral Health visit	U.S.— Urgent Care In Network: \$35 Out of Network: \$45	Days 1–5: \$125/day per admission Days 6+: \$0	\$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 at an outpatient hospital	Preferred Network	Standard Network	\$0 deductible for Tiers 1 and 2 \$200 deductible for Tiers 3–5
	Out of Network		\$5,100		\$45 copay or 20% of visit cost for Medicare preventive services \$45/Provider of Choice (POC) visit \$45/Specialist visit 20% of the cost per visit/ Behavioral Health	Emergency Care: \$75 Worldwide—Urgent/Emergency Care: \$75	20% of cost of admission	20% of the cost/visit for X-rays, labs, and other outpatient diagnostic tests 40%/day for high-tech radiology per category of test 20% of the cost for therapeutic radiological services 20% of the cost for outpatient surgery at an outpatient hospital	Drug Tier 1: \$0 Drug Tier 2: \$5 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 29%	Drug Tier 1: \$6 Drug Tier 2: \$10 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 29%	

Please note that this is not a full description of benefits. Visit our website at bluecrossma.com/medicare or call 1-800-678-2265 (TTY: 711) to learn more.

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. For Medicare-covered services.

4. Prior authorization required for in-network MRI, CT, PET scan, Nuclear Cardiac Studies, Sleep Testing, and Outpatient Surgery.
5. For coverage gap, you pay 25% co-insurance on covered generics and 25% of the negotiated price, and a portion of the dispensing fee for covered brands.

For catastrophic coverage, you pay the greater of \$4.15 for generics or brand-name drugs treated like generic drugs and \$10.35 for all other drugs, or 5% co-insurance.



MASSACHUSETTS

Medicare Advantage
HMO Plans

		Network	Medical Deductible	Maximum Out-of-Pocket Costs ²	YOU PAY	Doctor and Specialist (Office Visits ³ and Telehealth)	Urgent and Emergency Care	Inpatient Hospital Care	Diagnostic Procedures, Tests, Lab Services, and Outpatient Surgery ⁴	Outpatient Prescription Drugs: ⁵ Initial Coverage Stage		Drug Deductible	
										Retail Cost Sharing: 30-Day Supply			
										Preferred Network	Standard Network		
Medicare HMO Blue SaverRx (HMO) Monthly Premium: ¹ \$0 (all eligible counties)		You generally must receive care from in-network doctors, hospitals, or other providers		\$0	\$5,600	\$0 for Medicare preventive services \$10/PCP visit \$45/Specialist visit \$30/Behavioral Health visit	U.S.—Urgent Care: \$45 Emergency Care: \$90 Worldwide—Urgent/Emergency Care: \$90	Days 1–5: \$390/day per admission Days 6+: \$0/day	\$10/day for X-rays, labs, and other outpatient diagnostic tests \$310/day for high-tech radiology, per category of test \$60/visit for therapeutic radiological services \$325/visit for outpatient surgery at an outpatient hospital	Drug Tier 1: \$0 Drug Tier 2: \$8 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 28%	Drug Tier 1: \$8 Drug Tier 2: \$20 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 28%	\$0 deductible for Tiers 1 and 2 \$300 deductible for Tiers 3–5	
Medicare HMO Blue ValueRx (HMO) Monthly Premium: ¹ \$35 (all eligible counties) \$55 (Worcester County)		You generally must receive care from in-network doctors, hospitals, or other providers		\$0	\$3,450	\$0 for Medicare preventive services \$10/PCP visit \$40/Specialist visit \$25/Behavioral Health visit	U.S.—Urgent Care: \$40 Emergency Care: \$105 Worldwide—Urgent/Emergency Care: \$105	Days 1–5: \$330/day per admission Days 6+: \$0/day	\$10/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 services \$250/visit for outpatient surgery at an outpatient hospital	Drug Tier 1: \$0 Drug Tier 2: \$6 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 27%	Drug Tier 1: \$8 Drug Tier 2: \$12 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 27%	\$0 deductible for Tiers 1 and 2 \$320 deductible for Tiers 3–5	
Medicare HMO Blue FlexRx (HMO POS) Monthly Premium: ¹ \$95 (all eligible counties) \$105 (Worcester County)	In Network	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	\$0 for Medicare preventive services \$10/PCP visit \$35/Specialist visit \$10/Behavioral Health visit	U.S.—Urgent Care: \$35 Emergency Care: \$90 Worldwide—Urgent/Emergency Care: \$90	Days 1–5: \$245/day per admission Day 6+: \$0/day	\$10/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 \$210/visit for outpatient surgery at an outpatient hospital	Drug Tier 1: \$0 Drug Tier 2: \$5 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 28%	Drug Tier 1: \$6 Drug Tier 2: \$10 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 28%	\$0 deductible for Tiers 1 and 2 \$260 deductible for Tiers 3–5	
		Out of Network			\$0	\$9,900	\$65 copay or 20% of visit cost for Medicare preventive services \$65/office visit \$65/Specialist visit 20% of cost per visit/Behavioral Health	U.S.—Urgent Care: \$60 Emergency Care: \$90 Worldwide—Urgent/Emergency Care: \$90	20% per admission	40% of the cost for high-tech radiology, per category of test 20% of the cost for X-rays, diagnostic tests, therapeutic radiological services, and lab services 20% of the cost for outpatient surgery at an outpatient hospital			
Medicare HMO Blue PlusRx (HMO) Monthly Premium: ¹ \$258 (all eligible counties)			You generally must receive care from in-network doctors, hospitals, or other providers		\$0	\$3,400	\$0 for Medicare preventive services \$0/PCP visit \$30/Specialist visit \$10/Behavioral Health visit	U.S.—Urgent Care: \$30 Emergency Care: \$75 Worldwide—Urgent/Emergency Care: \$75	Days 1–5: \$125/day per admission Day 6+: \$0/day	\$0/day for labs, and other outpatient diagnostic tests \$5/day for X-rays \$150/day for high-tech radiology, per category of test \$0/visit for therapeutic radiological services \$150/visit for outpatient surgery at an outpatient hospital	Drug Tier 1: \$0 Drug Tier 2: \$5 Drug Tier 3: \$42 Drug Tier 4: \$95 Drug Tier 5: 29%	Drug Tier 1: \$6 Drug Tier 2: \$10 Drug Tier 3: \$47 Drug Tier 4: \$100 Drug Tier 5: 29%	\$0 deductible for Tiers 1 and 2 \$200 deductible for Tiers 3–5

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1. You must continue to pay your Medicare Part B premium.
2. For Medicare-covered services.

3. You pay nothing for covered specialist services performed in the home by a network provider.
4. Prior authorization required for in-network MRI, CT, PET scan, Nuclear Cardiac Studies, Sleep Testing, Quality Cancer Care Program, and Outpatient Surgery.

5. For coverage gap, you pay 25% co-insurance on covered generics and 25% of the negotiated price, and a portion of the dispensing fee for covered brands. For catastrophic coverage, you pay the greater of \$4.15 for generics or brand-name drugs treated like generic drugs and \$10.35 for all other drugs, or 5% co-insurance.