Medicare HMO Blue (HMO)

2023 BENEFITS OVERVIEW

Drug Copayments

$5 – $10 – $25

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 OneTouch®´ 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	$15 per PCP visit $35 per other provider 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]	$5 for generic drugs $10 for preferred drugs $25 for non-preferred drugs
Through a participating mail service pharmacy (up to a 90-day supply)	$10 for generic drugs $20 for preferred drugs $50 for non-preferred drugs

3. Prescription drug copayments apply until your out-of-pocket prescription drug costs for covered Part D drugs reach $7,400; thereafter, you will pay $4.15 for generics or drugs treated like generics, $10.35 for all other drugs.
4. Prescription drugs may be available at retail pharmacies up to a 90-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

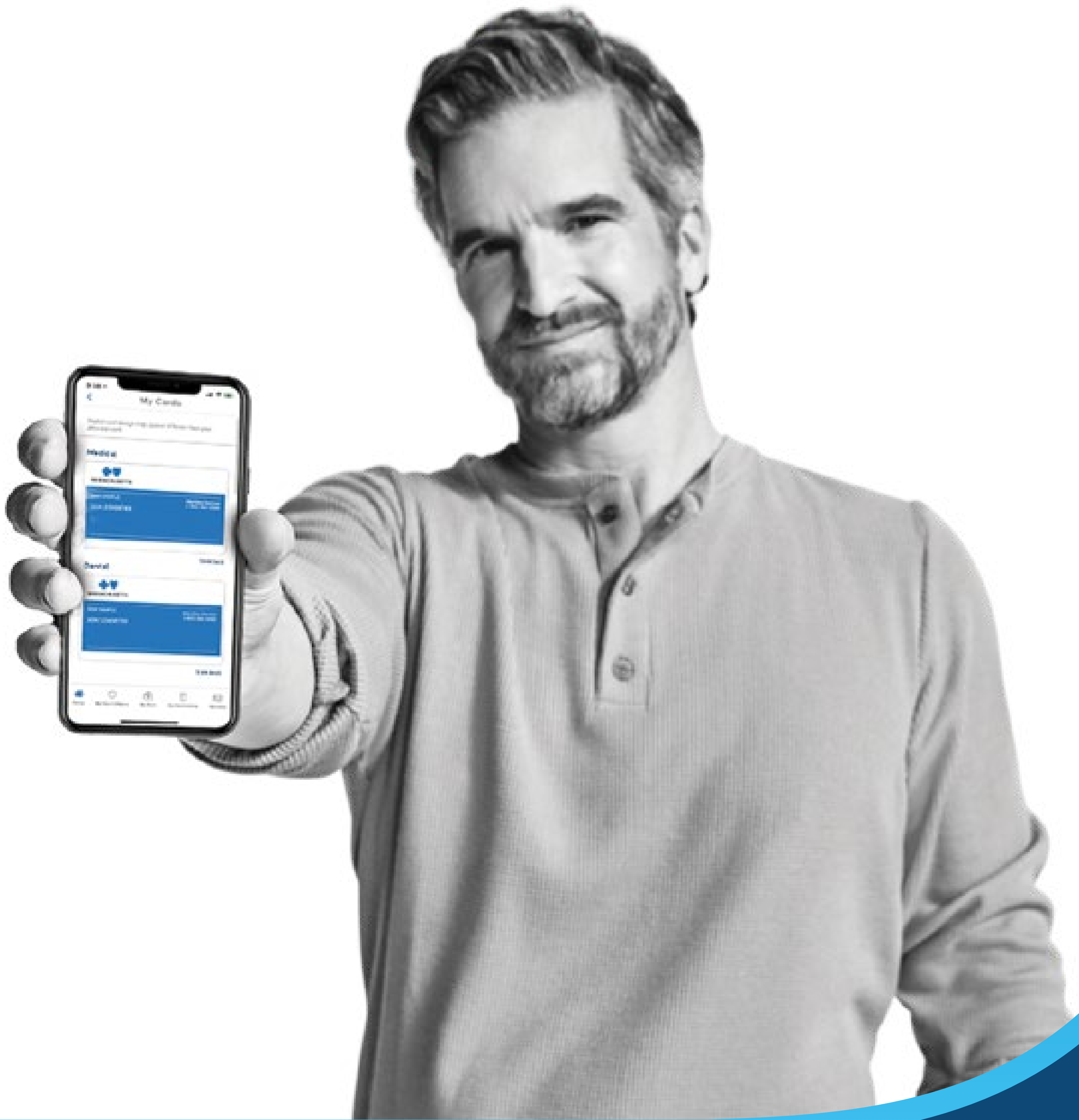
You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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. 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 **member.bluecrossma.com/fad**.

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 THE MYBLUE APP

YOU CAN DOWNLOAD THE MYBLUE APP FROM THE APP STORE® OR GOOGLE PLAY™

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, or sex, 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, 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 RESOURCES

Form Approved OMB# 0938-1421

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-200-4255.** Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-200-4255.** Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-200-4255。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 **1-800-200-4255**。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-200-4255.** Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-200-4255.** Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-800-200-4255** sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-200-4255.** Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-200-4255** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-200-4255.** Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-200-4255** . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية**.**

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-200-4255** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-200-4255.** Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-200-4255.** Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-200-4255.** Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-200-4255.** Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-800-200-4255** にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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

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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

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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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002515153 Grp Rx 5/10/25 Rx 37-1725-23 (10/23)