



MASSACHUSETTS

Medex[®] Core, Medex[®] Sapphire,
Medex[®] Bronze

VISION AND HEARING BENEFITS

If you have a direct-billed Medex Core, Medex Sapphire, or Medex Bronze plan, take a look at these benefits. They'll help cover your vision and hearing expenses, while limiting your out-of-pocket costs.

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



COMPLETE YOUR COVERAGE

Glasses and hearing aids aren't covered by Medicare. That's why our Medex[®] Vision and Hearing benefit plan offers the coverage you're missing. Plus, from January 1, 2022 to December 31, 2022, it's just \$2.52 per month. This amount will be added to your direct-billed Medex premium. With the Medex Vision and Hearing plan, you'll get the following benefits:

HEARING CARE BENEFITS

- **Routine hearing exams:** Covers one routine hearing exam per calendar year, when the exam is furnished by a TruHearing[™] network provider. You pay nothing when seen by a TruHearing network provider.
- **Hearing aids:** Coverage for one hearing aid per hearing impaired ear per calendar year, when furnished by a TruHearing supplier. You pay \$699 or \$999 for each covered TruHearing hearing aid.²

What if the licensed hearing care provider is not an TruHearing provider?

No coverage is provided for routine hearing exams furnished by providers that are not TruHearing providers.

What if the hearing care supplier is not an TruHearing supplier?

No coverage is provided for hearing aids that are not purchased from a TruHearing supplier and hearing aids that are not TruHearing-branded hearing aids. If you have additional benefit questions, please call TruHearing Member Service at 1-844-813-8129, Monday through Friday, 6:00 a.m. to 7:00 p.m. ET.

VISION CARE BENEFITS

- **Routine vision exams:** Covers one routine vision exam per calendar year to determine if you need corrective lenses. You pay nothing when seen by an EyeMed[™] network provider.
- **Eyeglasses or contact lenses:** Covers up to \$150¹ per calendar year for one set of frames and prescription lenses or contact lenses (in place of eyeglasses), from any licensed vision care supplier. If you choose to purchase eyeglasses or contact lenses from an EyeMed supplier, you may be eligible to receive additional discounts from the supplier for your vision supplies. This \$150 benefit payment includes costs for measurement, fitting, and adjustments.

What if the licensed vision care provider is not an EyeMed provider?

When your exam is furnished by a provider that is not an EyeMed provider, the provider may ask you to pay all charges. In this case, you will have to send a claim to EyeMed for repayment of up to \$50 for a covered exam.

What if the vision care supplier is not an EyeMed supplier?

When you purchase eyeglasses or contact lenses from a supplier that is not an EyeMed supplier, the supplier may ask you to pay all charges. If this happens, you will have to send a claim to EyeMed for repayment of up to \$150 for covered eyeglasses or contact lenses. Complete the claim form and send it with your original itemized bill(s). If you need a claim form, call EyeMed Member Service at 1-866-525-5126, October 1-March 31: Sunday through Saturday, 8:00 a.m. to 11:00 p.m. ET; April 1-September 30: Monday through Saturday, 8:00 a.m. to 11:00 p.m. ET and Sunday 11:00 a.m. to 8:00 p.m. ET.

HOW TO GET REIMBURSED

It's easy to get reimbursed for vision and hearing care services.



BUY YOUR GLASSES, CONTACTS, OR HEARING AID(S)

Your provider may ask you to pay all charges at the time of your purchase or at a later date.



FILE A CLAIM WITH BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

Complete a claim form and send it in with your original itemized bill(s) for repayment.

How do I apply?



The easiest way to enroll is by phone.

Phone: 1-800-678-2265 (TTY: 711)
Monday through Friday, 8:00 a.m. to 5:00 p.m. ET



Enroll by mail or fax:

Complete the application for Direct-Billed Medex.
Mail to: Blue Cross Blue Shield of Massachusetts
One Enterprise Drive
Quincy, MA 02171-1753
Or fax to: 1-617-246-3633.

1. No coverage is provided for amounts more than \$150 per calendar year; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes, or supporting structures; any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state, or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended

are delivered, and the services rendered to the insured person are within 31 days from the date of such order; services or materials provided by any other group benefit plan providing vision care; lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available.

2. No coverage is provided for hearing aids that are not purchased from a TruHearing supplier; hearing aids that are not TruHearing-branded hearing aids; ear molds; hearing aid accessories; additional costs for optional hearing aid rechargeability; costs associated with loss and damage warranty claims; and replacement hearing aid batteries beyond the set number of batteries that are provided by TruHearing at the time of the hearing aid purchase.



**FOR MORE
INFORMATION,
OR TO ENROLL:**

Medicare Plan Sales:

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

8:00 a.m. to 5:00 p.m. ET, Monday through Friday

bluecrossma.com/Medicare

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

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-678-2265 (TTY: 711)**.

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