

2023 Medicare Advantage Plan Options

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Today's Agenda

2023 Medicare Advantage Plan Options:

- HMO: Medicare HMO Blue Plans
 - PPO: Medicare PPO Blue Plans
 - Additional Benefits
 - Medicare Part D: Prescription Drug Coverage
 - Enrollment
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Medicare and Medicare-Related Options

Medicare health care coverage is available to you in two ways, but both ways require you to pay your Medicare Part B premium.

Original Medicare Starting Point Parts A&B



Medicare Supplement Plans
Optional Add-on



Medicare Prescription
Drug Plan
Part D Optional Add-on

OR

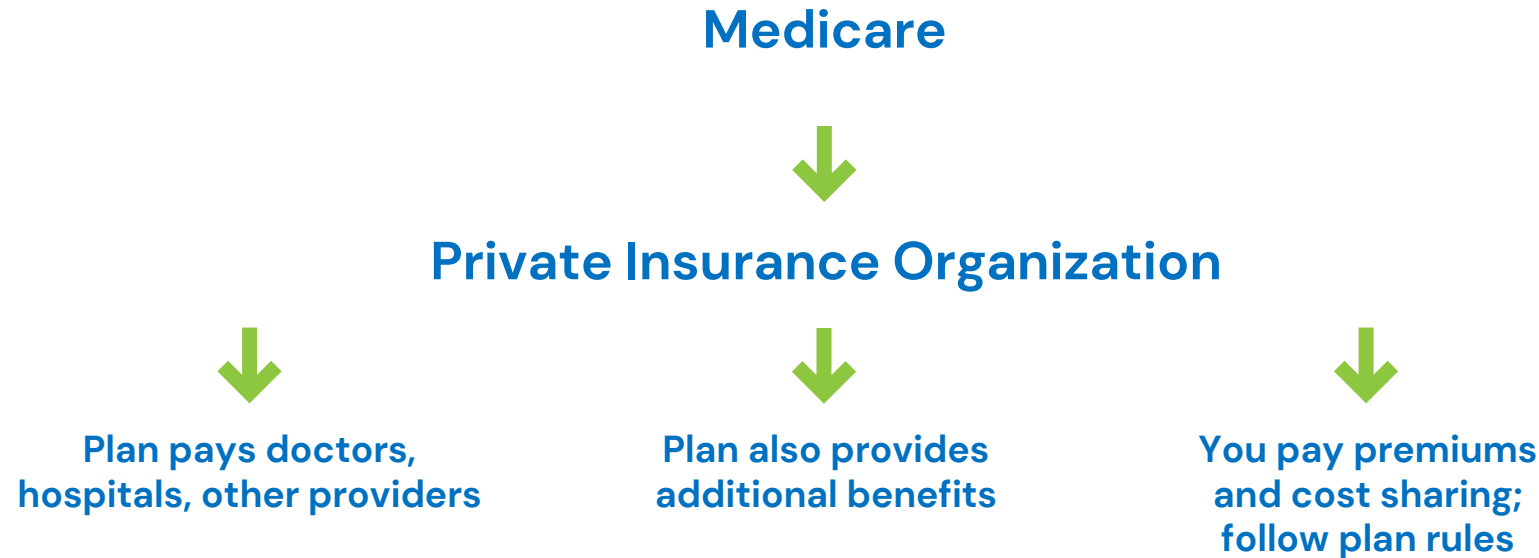


Medicare Advantage Plans

Part C
Optional replacement
to Medicare

Most include Part D
and additional benefits

Medicare Advantage Plans



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- Medicare pays the plan to provide your Medicare benefits.
 - The plan will also provide additional benefits that Medicare doesn't cover, such as eyewear allowances.
 - When you receive care, you show your Medicare Advantage member ID card only, not your Original Medicare card.
 - You must continue to pay your Medicare premiums.
 - Blue Cross Blue Shield of Massachusetts is an HMO and PPO Plan with a Medicare contract, that is renewed annually. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal. A Medicare Advantage plan is a private health plan under contract with Medicare that is renewed annually.

2023 Medicare Advantage Plans

Eligibility

You're eligible if:

- You live in Massachusetts (excluding Berkshire, Dukes, and Nantucket counties).
- You're entitled to Medicare Part A and enrolled in Part B.

2023 Medicare Advantage Plan Options

Introducing our plans:

HMO PLAN OPTIONS

- Medicare HMO Blue SaverRx (HMO)
- Medicare HMO Blue ValueRx (HMO)
- Medicare HMO Blue FlexRx (HMO)

PPO PLAN OPTIONS

- Medicare PPO Blue SaverRx (PPO)
- Medicare PPO Blue ValueRx (PPO)

This is not a complete list of plans. Other options are available, like our Medicare HMO Blue PlusRx and Medicare PPO Blue PlusRx plans.

2023 Medicare Advantage Plans

Overview

	Medicare HMO Blue SaverRx/ValueRx/FlexRx	Medicare PPO Blue SaverRx/ValueRx
Primary Care Provider	Designate a PCP (Primary Care Provider)	Designate a POC (Physician of Choice)
Network Restrictions	Use In-Network providers	Use In-Network and Out-of-Network providers
Referrals	Referrals needed for specialists	No referrals needed for specialists

To find a network provider you can request a directory from us or visit: <https://myfindadoctor.bluecrossma.com/>

Medicare PPO Blue Plans at a Glance

	Medicare PPO Blue SaverRx		Medicare PPO Blue ValueRx	
Individual Monthly Premium	\$0 All service areas		\$75 All service areas except \$85 Worcester County	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Out-of-Pocket Max	\$5,600	\$8,950 combined	\$4,900	
Doctor Office and Telehealth Visits	\$0 POC \$45 Specialist	\$25 POC \$55 Specialist No Telehealth	\$0 POC \$40 Specialist	\$20 POC \$50 Specialist No Telehealth
Outpatient Labs, other diagnostics & X-rays (day/category)	\$0 labs and tests \$10 X-rays	45%	\$0 labs and tests \$10 X-rays	40%
Outpatient High-Tech Radiology (day/category)	\$365	\$375	\$250	\$325
Inpatient Hospitalization (per admission)	\$390/day (days 1-5) \$0 (after day 5)	\$440/day (days 1-5) \$0 (after day 5)	\$325/day (days 1-5) \$0 (after day 5)	\$350/day (days 1-5) \$0 (after day 5)

Medicare HMO Blue Plans at a Glance

	Medicare HMO Blue SaverRx	Medicare HMO Blue ValueRx
Individual Monthly Premium	\$0 All service areas	\$35 All service areas except \$55 Worcester County
Out-of-Pocket Max	\$6,700	\$3,450
Doctor Office and Telehealth Visits	\$10 PCP \$45 Specialist	\$10 PCP \$40 Specialist
Outpatient Labs, other diagnostics & X-rays (day/category)	\$10	\$10
Outpatient High-Tech Radiology (day/category)	\$310	\$250
Inpatient Hospitalization (per admission)	\$390/day (days 1-5) \$0/day (after day 5)	\$330/day (days 1-5) \$0/day (after day 5)

Medicare HMO Blue Plans at a Glance

	Medicare HMO Blue FlexRx	
Individual Monthly Premium	\$95 All service areas except \$105 Worcester County	
	In-Network	Out-of-Network
Out-of-Pocket Max	\$3,900	\$9,900
Doctor Office and Telehealth Visits	\$10 PCP \$35 Specialist	\$65 No Telehealth
Outpatient Labs, other diagnostics & X-rays (day/category)	\$10	20%
Outpatient High-Tech Radiology (day/category)	\$200	40%
Inpatient Hospitalization (per admission)	\$245/day (days 1-5) \$0 (after day 5)	20%

Medicare HMO Blue FlexRx has Out-of-Network coverage without referrals, but referrals are needed for In-Network providers.

2023 Medicare Advantage Plans

Preventive Services

Examples of preventive services covered at 100%

- Welcome to Medicare preventive visit (one time)
- Yearly wellness visits
- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- HIV screening
- Immunizations (influenza, Hepatitis B, and pneumococcal vaccines)
- Medical nutrition therapy services
- Obesity screening
- Prostate cancer screening
- Sexually transmitted infections screening
- Smoking cessation counseling

Medicare HMO Blue FlexRx has \$65 co-pay or 20% co-insurance for out-of-network services.

Worldwide Urgent & Emergency Services

Urgently needed services:

- You need non-emergency services that are medically necessary and immediately required.
- You're temporarily absent from plan's service area or your provider network is temporarily unavailable or inaccessible.
- You pay lower copays when you see primary care providers.
- You pay specialist copays when you see a specialist or visit an urgent care facility.
- You pay ER copays for urgent care outside of the U.S.

Emergency services:

- You're in severe pain.
- Your health is in danger.
- You pay **ER copay: \$90 (HMO ValueRx \$105)**

For the HMO FlexRx plan, the out-of-network copay for urgently needed services is \$60.

2023 Additional Benefits

This information is not a complete description of benefits. Call 1-800-678-2265 /TTY 711 for more information.

Vision and Hearing Benefits

Additional Benefits	All Plans
Routine Annual Vision Exam Every 12 months	\$0 EyeMed Providers
Routine Eyewear Allowance Every 24 months	Up to \$200 EyeMed Network
Routine Annual Hearing Exam Every 12 months	\$0 TruHearing Providers
Hearing Aid Benefit one per ear per 12 months through TruHearing	\$699 copay per aid for Advanced Hearing Aids \$999 copay per aid for Premium Hearing Aids


PPO members can access out-of-network providers for vision and hearing exams with a \$45 copay and can go out-of-network for their eyewear allowance.

Weight Loss and Fitness

Additional Benefits	All Plans
Weight-Loss Benefit each calendar year	<p>Up to \$150 towards a qualifying weight-loss program</p> <p>Examples: Weight Watchers, programs that combine healthy eating, exercise and coaching sessions)</p>
Fitness Benefit each calendar year	<p>Up to \$150 (\$250 for HMO SaverRx) towards a qualifying fitness program</p> <p>Examples: YMCA, fitness club or exercise class, pool-only facilities, fitness classes at Council on Aging facilities, virtual/online fitness memberships, home fitness equipment like stationary bikes, weights, bands, and treadmills.</p>

Learn to Live

- Learn to Live is online, self-paced care that is rendered at home and supports many areas of focus including stress, anxiety and depression.



LEARN TO LIVE®

Our mental health tool helps members learn how to cope with stress and anxiety, and get back on track.

CONVENIENT HELP AT HOME
Self-paced
24/7 access

FIVE AREAS OF FOCUS
Stress, anxiety, and worry
Depression
Social anxiety
Substance use
Insomnia

RESOURCES INCLUDE
A personal assessment
On-demand webinars
Wellness articles
Unlimited coaching
Mindfulness moments
Integration with our Care Management program

Dental Benefits

	HMO SaverRx	PPO SaverRx	PPO ValueRx	HMO FlexRx	HMO ValueRx
Preventive Dental Copays	\$0	\$0 \$60 out-of-network	\$0 \$50 out-of-network	\$0 \$45 out-of-network	\$0
Preventive Benefit	Combined calendar year maximum of \$1,000 for both preventive and comprehensive dental services for both PPO SaverRx and PPO Value Rx and \$500 for HMO SaverRx Oral exams and cleaning 3 times per 12 months , bitewing X-rays once every 6 months, single-tooth X-rays as needed, Full mouth X-rays, 7 or more films, or panoramic X-ray with bitewing X-rays once every 60 months Emergency exams			Oral exam, cleaning, and bitewing X-rays, 2 visits per calendar year Emergency exams	
Comprehensive Dental				No Coverage	

OTC Benefit for SaverRx Plans

Additional Benefits	Medicare HMO Blue SaverRx Medicare PPO Blue SaverRx
Over the Counter each quarter	<p>\$65/Quarter Over the Counter Benefit</p> <p>There is no carry-over from quarter to quarter</p> <p>Examples: First aid, cough, cold, allergy, pain relievers, antacids, and vitamins/minerals</p> <p>Fulfillment: In-store, online or by phone at participating CVS pharmacies.</p>

Prescription Drug Coverage 2023 Medicare Part D

This information is not a complete description of benefits. Call 1-800-678-2265 /TTY 711 for more information.

Prescription drug coverage

Levels & Formulary

Included in all Medicare HMO Blue and Medicare PPO Blue Plans

All our Medicare Advantage Plans follow a standard outline of coverage levels as determined by the Centers for Medicare and Medicaid Services (CMS):

Initial Coverage | Coverage Gap | Catastrophic

Our Formularies List Covered Drugs	Our Pharmacies :
<ul style="list-style-type: none"> • Tier 1: Preferred Generics • Tier 2: Generics • Tier 3: Preferred Brands • Tier 4: Non-preferred Drugs • Tier 5: Specialty Tier 	<ul style="list-style-type: none"> • Preferred and Standard • Preferred pharmacies have lower copayments for covered drugs. Examples: Costco, CVS, PriceChopper, Stop & Shop, and Walmart <p>Other pharmacies are available in our network.</p>

Our Pharmacy Directory and Formularies are available by calling **1-800-678-2265** (TTY: **711**), from October 1 – March 31: seven days a week, from 8:00 a.m. to 8:00 p.m. E.T. and April 1 – September 30: Monday through Friday, from 8:00 a.m. to 8:00 p.m. E.T., or by visiting our website at www.bluecross.com/medicare

Medicare PPO Blue Prescription Drug Coverage

Medicare Plan	Annual Deductible	Initial Coverage \$4,660 Total Cost		Coverage Gap	Catastrophic Coverage \$7,400 out of pocket
PPO Blue SaverRx	\$0 for all Tiers	Preferred Pharmacies Retail up to 30-day You pay: Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 30%	Standard Pharmacies Retail up to 30-day You pay: Tier 1: \$10 Tier 2: \$20 Tier 3: \$47 Tier 4: \$100 Tier 5: 30%	Covered Generics You pay: 25% of the costs. Covered Brands you pay: 25% of the plan's negotiated price (excluding dispensing fees).	Retail or mail order up to a 90-day supply. You pay the greater of: 5% or \$4.15 generics or drugs treated like generics, \$10.35 for all other drugs.
PPO Blue ValueRx	\$0 for all Tiers	Tier 1: \$0 Tier 2: \$6 Tier 3: \$42 Tier 4: \$95 Tier 5: 28%	Tier 1: \$8 Tier 2: \$12 Tier 3: \$47 Tier 4: \$100 Tier 5: 28%		

Medicare HMO Blue Prescription Drug Coverage

Medicare Plan	Annual Deductible	Initial Coverage \$4,660 Total Cost		Coverage Gap	Catastrophic Coverage \$7,400 out of pocket
HMO Blue SaverRx	\$0 Tiers 1-2 \$300 Tiers 3-5	Preferred Pharmacies Retail up to 30-day You pay: Tier 1: \$0 Tier 2: \$8 Tier 3: \$42 Tier 4: \$95 Tier 5: 28%	Standard Pharmacies Retail up to 30-day You pay: Tier 1: \$8 Tier 2: \$20 Tier 3: \$47 Tier 4: \$100 Tier 5: 28%	Covered Generics You pay: 25% of the costs. Covered Brands you pay: 25% of the plan's negotiated price (excluding dispensing fees).	Retail or mail order up to a 90-day supply. You pay the greater of: 5% or \$4.15 generics or drugs treated like generics, \$10.35 for all other drugs.
HMO Blue ValueRx	\$0 Tiers 1-2 \$320 Tiers 3-5	Tier 1: \$0 Tier 2: \$6 Tier 3: \$42 Tier 4: \$95 Tier 5: 27%	Tier 1: \$8 Tier 2: \$12 Tier 3: \$47 Tier 4: \$100 Tier 5: 27%		
HMO Blue FlexRx	\$0 Tier 1-2 \$260 Tiers 3-5	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 28%	Tier 1: \$6 Tier 2: \$10 Tier 3: \$47 Tier 4: \$100 Tier 5: 28%		

New for 2023 – CMS Senior Savings Model

- Reduces out-of-pocket expenses:
 - A one-month supply of select insulins will be available at a \$35 copay.
- Coverage for these select insulins will continue to be a flat dollar amount through all coverage levels.
- This savings program will allow more financial predictability.
- Members that receive Part D Extra Help are not eligible for this program

Mail Order—CVS Caremark

Save Money on Copayments

- For Tier 1: you pay a \$0 copay for a 90-day mail order supply.
- For Tiers 2, 3, and 4: you pay 2 times the preferred retail copay.

Save Time

- You can get prescription drugs shipped to your home through our network mail order delivery program. Typically, you should expect to receive your prescription within 10 days from the time the mail order pharmacy receives the order. If you don't receive your prescription drug(s) within this time, please call **1-877-817-0493**, 24 hours a day, 7 days a week. TTY/TDD users should call **1-800-716-3231**.

Pharmacies are required to obtain consent prior to shipping or delivering any prescriptions that the beneficiary didn't personally initiate.

Getting Help with Prescription Drug Costs

Extra Help

You may be able to get Extra Help to pay for your prescription drug premiums and costs.

To see if you qualify for getting Extra Help, call:

- 1-800-MEDICARE (**1-800-633-4227**).
TTY/TDD users should call **1-877-486-2048**.
24 hours/ 7 days a week or go to www.medicare.gov.
- The Social Security Administration:
1-800-772-1213 Monday–Friday,
7:00 a.m.–7:00 p.m. TTY/TDD users should call
1-800-325-0778 or go to www.ssa.gov.
- Your State Medicaid Office (MassHealth): **1-800-841-2900** or TTY **1-800-497-4648**
Monday–Friday, 8:00 a.m.– 5:00 p.m.

Prescription Advantage Program

Must be Massachusetts resident age 65 or older, or under 65 and disabled.

Income criteria more generous than Extra Help. Assets not counted.

Call Prescription Advantage for more details:

1-800-243-4636 (TTY: **1-800-872-0166**)
Monday through Friday, 9:00 a.m.– 5:00 p.m.
or go to www.prescriptionadvantagemma.org

Enrollment

Medicare Advantage Plans

When You Can Enroll

Initial Election Period—(turning 65)

From 3 months before the month that you turn 65 to 3 months after

Annual Election Period

October 15 to December 7, for coverage effective January 1

Special Enrollment Periods

Loss of employer health insurance; just moved into a plans service area; residing in long-term care; or other special circumstances as determined by CMS

Medicare Advantage Open Enrollment Period (MA OEP)

January 1 to March 31

Join when first eligible to avoid a potential late enrollment penalty—Part D only.

Medicare Advantage Plans

How to Enroll

Enroll by Phone	<p>It's easy to enroll by phone.</p> <p>Phone: 1-800-678-2265</p> <p>TTY: 711</p> <p>Oct.1 – Mar.31: 7 days a week, 8:00 a.m. to 8:00 p.m. ET.</p> <p>April 1 – Sept 30: Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.</p>
Enroll Online	<p>Visit the CMS Medicare Online Enrollment Center located at http://www.medicare.gov, or visit www.bluecrossma.com/Medicare.</p>
Enroll by Mail	<p>Complete an enrollment application and mail it to the address below:</p> <p>Medicare Advantage Enrollment Department Blue Cross Blue Shield of Massachusetts PO Box 55011, Boston, MA 02205</p>
Enroll by Fax	<p>Fax: 1-617-246-8506</p>

Enrollment booklets are available by calling us or downloading materials.

Resources

For more information on our Medicare Advantage plans

Prospective Members

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

October 1 – March 31: seven days a week, from 8:00 a.m. to 8:00 p.m. E.T.

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

www.bluecrossma.com/medicare.

Current Members

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

October 1 – March 31: seven days a week, from 8:00 a.m. to 8:00 p.m. E.T.

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

www.bluecrossma.com/medicare.

For more information about Medicare

**Medicare: 1-800-633-4227
(TTY: 1-877-486-2048)**

24 hours/day, 7 days a week

www.medicare.gov.

You can go to our website to learn more.

www.bluecrossma.com/medicare

Thank you for attending the seminar!

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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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