



MASSACHUSETTS

Medicare HMO Blue<sup>SM</sup> SaverRx (HMO)  
Medicare HMO Blue<sup>SM</sup> ValueRx (HMO)  
Medicare HMO Blue<sup>SM</sup> PlusRx (HMO)  
Medicare HMO Blue<sup>SM</sup> FlexRx (HMO-POS)



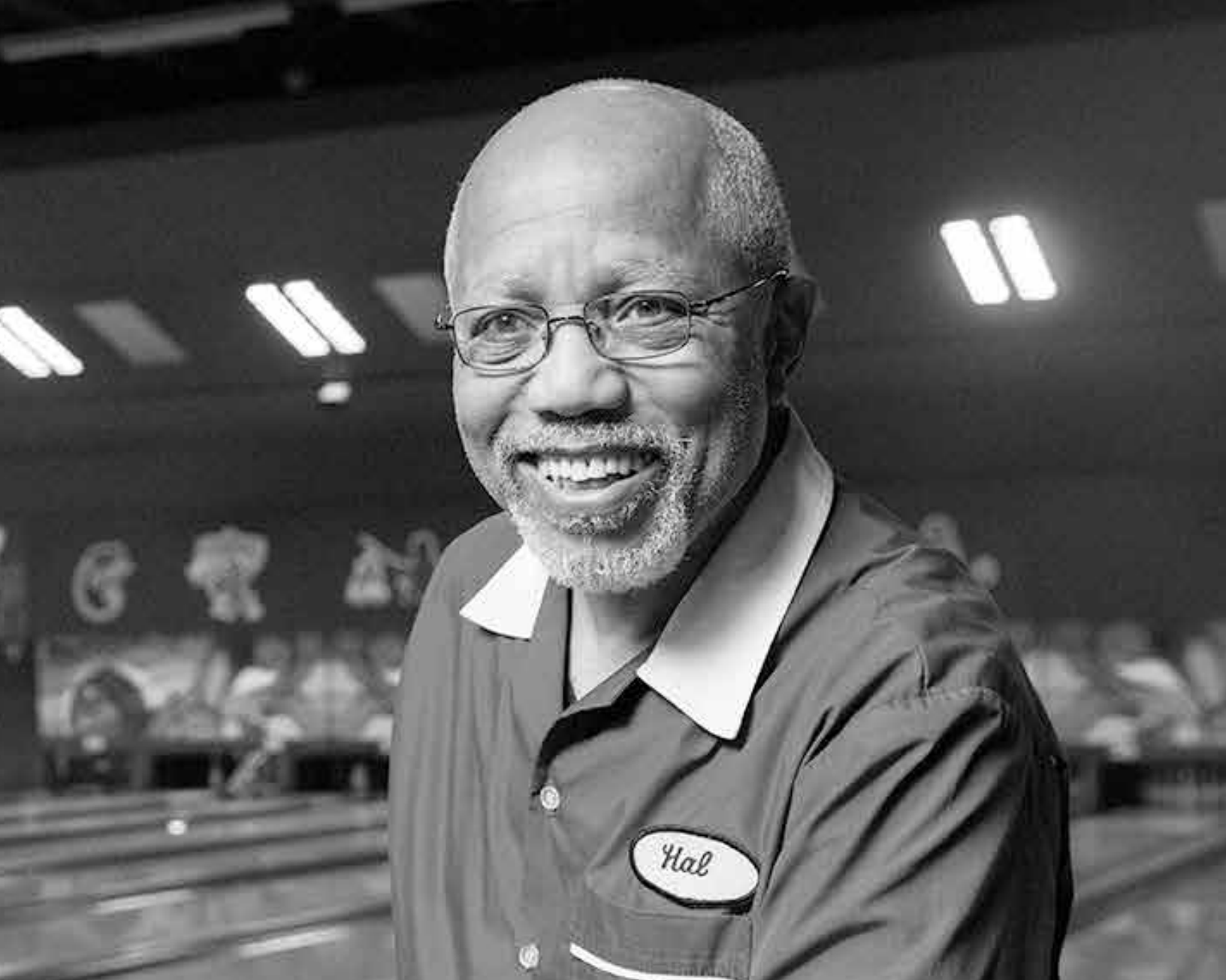
## 2020 FORMULARY (LIST OF COVERED DRUGS)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**  
20160, Version 1

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at 1-800-200-4255, or, for TTY users, 711, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit [www.bluecrossma.com/medicare-options](http://www.bluecrossma.com/medicare-options).

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**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield of Massachusetts. When it refers to “plan” or “our plan,” it means Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2021, and from time to time during the year.

## What is the Medicare HMO Blue SaverRx (HMO), Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) Formulary?

A formulary is a list of covered drugs selected by Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary, or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - » If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medicare HMO Blue SaverRx (HMO), Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) Formulary?"



**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

Our contact information appears on the front and back cover pages. The enclosed formulary is current as of 1 /01/2020. To get updated information about the drugs covered by our plans, please contact us.

If we have a mid-year non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our website, [www.bluecrossma.com/medicare-options](http://www.bluecrossma.com/medicare-options). You may ask for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

There are two ways to find your drug within the formulary:

- **Medical Condition.** The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 103. Then look under the category name for your drug.
- **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the Index that begins on page 103. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Medicare HMO Blue SaverRx (HMO), Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 capsules per 30 days per prescription for Omeprazole 10 mg capsules. This may be in addition to a standard one-month or three-month supply.
- **Opioid Safety Edits:** For certain drugs or combinations of drugs, there may be a safety limit applied to prevent opioid overutilization. The limit on these medications may be cumulative with other, similar medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety limit.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx formulary?" on page 4 for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Service and ask if your drug is covered.

If you learn that Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plans.
- You can ask our plans to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Medicare HMO Blue SaverRx (HMO), Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) Formulary?

You can ask our plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that might be covered under Medicare Part B.

## For more information

For more detailed information about your Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit [www.medicare.gov](http://www.medicare.gov).

## Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 103.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., AMOXIL®) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

### The abbreviations you may see in the formulary (list of covered drugs) include:

**Quantity Limits (QL):** To help ensure that the quantity and dosage of your medications remains consistent with manufacturer, clinical, and Food and Drug Administration (FDA) recommendations, we maintain a list of medications subject to QL. When you fill a prescription for a medication subject to QL, your prescription is reviewed for:

- **Dose Consolidation.** Dose consolidation checks to see whether you're taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.
- **Recommended Monthly Dosing Level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer's and the FDA's monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QL guidelines when medically necessary.

**Mail Order (MO):** These prescription drugs are available through mail-order.

**Home Infusion (HI):** This prescription drug may be covered under our medical benefit. For more information, call Member Services at **1-800-200-4255**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week. TTY users should call **711**. Our contact information appears on the front and back cover pages.

**Medical Benefit (MB):** These drugs and supplies are covered under your plan's medical benefit and are available through network retail pharmacies or mail-order service.\*

**Prior Authorization (PA):** These prescription drugs require prior authorization from the plan.



**Step Therapy (ST):** These prescription drugs require you to first try another drug to treat your medical condition.

**Limited Pharmacy Availability (LA):** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at **1-800-200-4255**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week. TTY users should call **711**. Our contact information appears on the front and back cover pages.

**Medicare Part B or D (B/D):** This prescription drug may be covered under Medicare Part B or D, depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

## How much will I pay for my Medicare Advantage plan's covered drugs?

### Your Medicare prescription drug costs:

The amount you pay depends on which drug tier your drug is in under our plan. You can find out which drug tier your drug is in by looking in the formulary included in this booklet. See the next page for the copayment/co-insurance amount for each type of drug.

If you qualify for extra help with your drug costs, your costs for your drugs may be different than those described on the next page. Please refer to the plan Summary of Benefits or your Evidence of Coverage or call Member Service to find out what your costs are.

### Your costs for drugs and supplies covered under your plan's medical benefit:

You will find some drugs and supplies listed in the formulary drug list with a "MB" note in the tier column. These drugs and supplies covered under your plan's medical benefit are available through network retail pharmacies or mail-order service. However, they do not qualify for exception requests, extra help on drug costs, transition fills, or accumulate toward your total out-of-pocket costs to bring you through the coverage gap faster, like drugs covered under your Medicare prescription drug benefit.

Explanation of Tiers and Copayments/Co-insurance: Initial Coverage Stage

| Plans                              | Drug Tier                         | Annual Deductible           | 30-day supply at a preferred network retail pharmacy | 30-day supply at a standard network retail pharmacy | 90-day supply at a network mail-order pharmacy |
|------------------------------------|-----------------------------------|-----------------------------|--|---|--|
| Medicare HMO Blue SaverRx (HMO)    | Tier 1: Preferred Generic Drugs   | \$0 for Tier 1 and Tier 2   | \$2  | \$8   | \$2  |
|                                    | Tier 2: Generic Drugs             |                             | \$8  | \$16  | \$16   |
|                                    | Tier 3: Preferred Brand Drugs     | \$320 for Tiers 3, 4, and 5 | \$42   | \$47  | \$84   |
|                                    | Tier 4: Non-Preferred Brand Drugs |                             | \$95   | \$100   | \$190  |
|                                    | Tier 5: Specialty Tier Drugs      |                             | 26%  | 26%   | 26%  |
| Medicare HMO Blue ValueRx (HMO)    | Tier 1: Preferred Generic Drugs   | \$0 for Tier 1 and Tier 2   | \$2  | \$8   | \$2  |
|                                    | Tier 2: Generic Drugs             |                             | \$6  | \$12  | \$12   |
|                                    | Tier 3: Preferred Brand Drugs     | \$320 for Tiers 3, 4, and 5 | \$42   | \$47  | \$84   |
|                                    | Tier 4: Non-Preferred Brand Drugs |                             | \$95   | \$100   | \$190  |
|                                    | Tier 5: Specialty Tier Drugs      |                             | 26%  | 26%   | 26%  |
| Medicare HMO Blue PlusRx (HMO)     | Tier 1: Preferred Generic Drugs   | \$0 for Tier 1 and Tier 2   | \$1  | \$6   | \$1  |
|                                    | Tier 2: Generic Drugs             |                             | \$5  | \$10  | \$10   |
|                                    | Tier 3: Preferred Brand Drugs     | \$200 for Tiers 3, 4, and 5 | \$42   | \$47  | \$84   |
|                                    | Tier 4: Non-Preferred Brand Drugs |                             | \$95   | \$100   | \$190  |
|                                    | Tier 5: Specialty Tier Drugs      |                             | 25%  | 25%   | 25%  |
| Medicare HMO Blue FlexRx (HMO-POS) | Tier 1: Preferred Generic Drugs   | \$0 for Tier 1 and Tier 2   | \$1  | \$6   | \$1  |
|                                    | Tier 2: Generic Drugs             |                             | \$5  | \$10  | \$10   |
|                                    | Tier 3: Preferred Brand Drugs     | \$260 for Tiers 3, 4, and 5 | \$42   | \$47  | \$84   |
|                                    | Tier 4: Non-Preferred Brand Drugs |                             | \$95   | \$100   | \$190  |
|                                    | Tier 5: Specialty Tier Drugs      |                             | 26%  | 26%   | 26%  |

# 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, sex, sexual orientation, or gender identity, 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, 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](mailto:MedicareAdvantageRXAppeals@bcbsma.com). You can file a grievance in person, by mail, fax, or 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](http://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 [www.hhs.gov](http://www.hhs.gov).

# TRANSLATION RESOURCES

## Proficiency of Language Assistance Services

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-200-4255 (TTY: 711).

**Spanish/Español:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-200-4255 (TTY: 711).

**Portuguese/Português:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-200-4255 (TTY: 711).

**Chinese/繁體中文:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-200-4255 (TTY: 711)。

**French Creole/Kreyòl Ayisyen:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-200-4255 (TTY: 711).

**Vietnamese/Tiếng Việt:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-200-4255 (TTY: 711).

**Russian/Русский:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-200-4255 (телетайп: 711).

**Arabic/العربية:**

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-200-4255 (هاتف الصم والبكم: 711).

**Mon-Khmer, Cambodian/ខ្មែរ:** ប្រយ័ត្ន: បើនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចុះ ទូរស័ព្ទ 1-800-200-4255 (TTY: 711)។

**French/Français:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-200-4255 (ATS: 711).

**Italian/Italiano:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-200-4255 (TTY: 711).

**Korean/한국어:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-200-4255 (TTY: 711) 번으로 전화해 주십시오.

**Greek/ελληνικά:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-200-4255 (TTY: 711).

**Polish/Polski:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-200-4255 (TTY: 711).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-200-4255 (TTY: 711) पर कॉल करें।

**Gujarati/ગુજરાતી:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરા 1-800-200-4255 (TTY: 711)





[www.bluecrossma.com/medicare-options](http://www.bluecrossma.com/medicare-options) | Medicare Plan Sales: 1-800-678-2265 (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

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

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).



MASSACHUSETTS

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit [www.bluecrossma.com/medicare-options](http://www.bluecrossma.com/medicare-options).

The Formulary may change at any time. You will receive notice when necessary.

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