



MASSACHUSETTS

# YOUR 2024 MONTHLY PLAN PREMIUM FOR PEOPLE WHO GET EXTRA HELP FROM MEDICARE TO HELP PAY FOR THEIR PRESCRIPTION DRUG COSTS

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare.

These tables show you what your monthly plan premium will be if you get extra help. These premiums include coverage for both medical services and prescription drug coverage.

## If you live in: Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, or Suffolk counties

Your level of extra help	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare
	HMO Blue SaverRx*	HMO Blue ValueRx*	HMO Blue FlexRx*	HMO Blue PlusRx*	PPO Blue SaverRx*	PPO Blue ValueRx*	PPO Blue PlusRx*
100%	\$0.00	\$8.70	\$58.00	\$177.50	\$0.00	\$38.90	\$194.50

\*This does not include any Medicare Part B premium you may have to pay.

## If you live in: Worcester county

Your level of extra help	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare	Monthly Premium for Medicare
	HMO Blue SaverRx*	HMO Blue ValueRx*	HMO Blue FlexRx*	HMO Blue PlusRx*	PPO Blue SaverRx*	PPO Blue ValueRx*	PPO Blue PlusRx*
100%	\$0.00	\$27.70	\$78.00	\$177.50	\$0.00	\$48.90	\$194.50

\*This does not include any Medicare Part B premium you may have to pay.

## IF YOU AREN'T GETTING EXTRA HELP, YOU CAN SEE IF YOU QUALIFY BY CALLING:

- **1-800-Medicare** of TTY users call **1-877-486-2048** (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at **1-800-772-1213**. TTY users should call 1-800-325-0778 between 8 a.m. and 7 p.m., Monday through Friday.
- If you have any questions, please call Member Service at **1-800-200-4255**, (TTY **711**) from 8:00 a.m. to 8:00 p.m. ET, 7 days a week from October 1 through March 31 and 8:00 a.m. to 8:00 p.m. ET, Monday through Friday from April 1 through September 30.

## BEST AVAILABLE EVIDENCE POLICY

If you believe you qualified for extra help and that you are paying an incorrect copayment amount when you get your prescription at a pharmacy, Blue Cross Blue Shield of Massachusetts has established a process that will allow you to either request assistance in obtaining evidence of your proper copayment level, or, if you already have the evidence, to provide this evidence to us. This is known as the Best Available Evidence Policy. Please contact Member Services for a complete list of acceptable forms of evidence or view the [CMS Best Available Evidence Policy](#).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Premium may change on January 1 of each year.

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a 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**).

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