



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)

# 2018 SUMMARY OF BENEFITS

H2261, PLANS 022, 023, 005



**This booklet gives you a summary of drug and health services covered by Medicare HMO Blue Value Rx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO) and what you pay.**

**This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.**

**To get a complete list of services we cover, call our Member Service department and ask for the “Evidence of Coverage.” You can also access the “Evidence of Coverage” online at our website, [www.bluecrossma.com/medicare](http://www.bluecrossma.com/medicare).**

# SUMMARY OF BENEFITS

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## January 1, 2018–December 31, 2018

### You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), or Medicare HMO Blue FlexRx (HMO-POS)).

### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Medicare HMO Blue ValueRx (HMO)**, **Medicare HMO Blue PlusRx (HMO)**, and **Medicare HMO Blue FlexRx (HMO-POS)** cover and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Sections in this booklet

- Things to Know About **Medicare HMO Blue ValueRx (HMO)**, **Medicare HMO Blue PlusRx (HMO)**, and **Medicare HMO Blue FlexRx (HMO-POS)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call member services at the number shown in the next section.

# THINGS TO KNOW ABOUT

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## Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), Medicare HMO Blue FlexRx (HMO-POS)

### Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

### Phone Numbers and Website:

#### Medicare HMO Blue ValueRx (HMO)

#### Medicare HMO Blue PlusRx (HMO)

#### Medicare HMO Blue FlexRx (HMO-POS)

- If you are a member of this plan, call toll-free 1-800-200-4255 (TTY: 711). If you call after business hours, you may leave a message that includes your name, phone number and the time you called, and a representative will return your call no later than one business day after you leave a message. Member Services also has free language interpreter services available for non-English speakers.
- If you are not a member of this plan, call toll-free 1-800-678-2265 (TTY: 711).
- Our website: [www.bluecrossma.com/medicare](http://www.bluecrossma.com/medicare)

### Who can join?

To join Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), or Medicare HMO Blue FlexRx (HMO-POS), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. You must continue to pay your Medicare Part B premium.

Our service area includes the following counties in Massachusetts: Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester.

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.

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## Which doctors, hospitals, and pharmacies can I use?

Medicare HMO Blue ValueRx (HMO) and Medicare HMO Blue PlusRx (HMO) have a network of doctors, hospitals, pharmacies, and other providers. You must receive your care from a network provider. In most cases, care you receive from an out-of-network provider (a provider who is not part of our plan's network) will not be covered.

Medicare HMO Blue FlexRx (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network.

As a member of our Medicare HMO plans, you must choose a network Primary Care Physician (PCP). Your PCP will provide most of your care and will coordinate or help you arrange the rest of the covered services you get as a member of our plan. In most situations, your network PCP must give you approval in advance before you can use other providers in the plan's network, such as specialists, hospitals, skilled nursing facilities, or home health care agencies. This is called giving you a "referral." Referrals from your PCP are not required for emergency care or urgently needed services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider directory at our website ([www.bcbsma.com](http://www.bcbsma.com)).

You can see our plan's pharmacy directory at our website ([www.bluecrossma.com/pharmacyfinder](http://www.bluecrossma.com/pharmacyfinder)).

Or, call us and we will send you a copy of the provider and pharmacy directories. The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get *more than what* is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.bluecrossma.com/medicare](http://www.bluecrossma.com/medicare).
- Or, call us and we will send you a copy of the formulary. The formulary may change at any time. You will receive notice when necessary.

## How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

## Summary of Benefits: January 1, 2018–December 31, 2018

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Monthly Plan Premium</b>	Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk counties: \$36 per month Worcester County: \$56 per month You must continue to pay your Medicare Part B premium.	Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk counties: \$292 per month Worcester County: \$292 per month You must continue to pay your Medicare Part B premium.	Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk counties: \$96 per month Worcester County: \$106 per month You must continue to pay your Medicare Part B premium.
<b>Deductibles</b>			
Medical:	No deductible	No deductible	No deductible
Prescription Drugs:	\$320 per year for Tiers 3, 4, 5	\$200 per year for Tiers 3, 4, 5	\$260 per year for Tiers 3, 4, 5
<b>Maximum Out-of-Pocket Responsibility</b> (does not include costs related to prescription drugs)	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>\$4,900 for services you receive from in-network providers.</li> </ul> If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your Medicare Part B premium, your plan premium, and any cost-sharing for your Part D prescription drugs.	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>\$3,400 for services you receive from in-network providers.</li> </ul> If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your Medicare Part B premium, your plan premium, and any cost-sharing for your Part D prescription drugs.	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>\$3,900 for services you receive from in-network providers.</li> <li>\$9,900 for services you receive from out-of-network providers.</li> </ul> If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your Medicare Part B premium, your plan premium, and any cost-sharing for your Part D prescription drugs.

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Inpatient Hospital Coverage</b>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$275 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul> <p>Per admission benefit. Authorization rules may apply.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$150 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul> <p>Per admission benefit. Authorization rules may apply.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>In-network:</p> <ul style="list-style-type: none"> <li>• \$200 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul> <p>Out-of-network:</p> <ul style="list-style-type: none"> <li>• 20% of the cost per stay</li> </ul> <p>Per admission benefit. Authorization rules may apply.</p>
<b>Outpatient Hospital Coverage</b>	\$250/visit Authorization rules may apply	\$150/visit Authorization rules may apply	In-Network: \$200/visit Out-of-Network: 20% of the total cost Authorization rules may apply
<b>Doctor's Office Visits</b>			
Primary Care Physician:	\$20 copay	\$15 copay	In-network: \$15 copay Out-of-network: \$65 copay
Specialist:	\$40 copay  Authorization rules may apply Referral from your doctor may be required.	\$35 copay  Authorization rules may apply Referral from your doctor may be required.	In-network: \$35 copay Out-of-network: \$65 copay Authorization rules may apply Referral from your doctor may be required.

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Preventive Care</b>	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)*</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Lung cancer screening (low dose computed tomography (LDCT))</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> </ul>	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)*</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Lung cancer screening (low dose computed tomography (LDCT))</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> </ul>	<p>In-network: You pay nothing</p> <p>Out-of-network: \$65 copay or 20% of the cost, depending on the service</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)*</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Lung cancer screening (low dose computed tomography (LDCT))</li> </ul>

\*If any other medical condition including polyp or other tissue is found and removed during the procedure this would be considered minimally invasive surgery.

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Preventive Care (continued)</b>	<ul style="list-style-type: none"> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <ul style="list-style-type: none"> <li>• You pay \$0 for a supplemental annual physical exam. Includes a detailed medical/family history and a head to toe assessment with hands-on examination of all body systems to assess overall general health.</li> </ul> <p>Authorization rules may apply</p>	<ul style="list-style-type: none"> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <ul style="list-style-type: none"> <li>• You pay \$0 for a supplemental annual physical exam. Includes a detailed medical/family history and a head to toe assessment with hands-on examination of all body systems to assess overall general health.</li> </ul> <p>Authorization rules may apply</p>	<ul style="list-style-type: none"> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <ul style="list-style-type: none"> <li>• You pay \$0 in-network and \$65 out-of-network for a supplemental annual physical exam. Includes a detailed medical/family history and a head to toe assessment with hands-on examination of all body systems to assess overall general health.</li> </ul> <p>Authorization rules may apply</p>
<b>Emergency Care</b>	<p>\$75 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>	<p>\$75 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>	<p>\$75 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
<b>Urgently Needed Services</b>	<p>\$20–\$40 copay per visit</p>	<p>\$15–\$35 copay per visit</p>	<p>In network: \$15–\$35 copay per visit Out of network: \$65 copay per visit</p>

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Diagnostic Services/Labs/Imaging</b>			
Diagnostic radiology (such as MRIs, CT scans):	\$250 copay per day per category Authorization rules may apply	\$150 copay per day per category Authorization rules may apply	In-network: \$200 copay per day per category Out-of-network: 40% of the cost Authorization rules may apply
Diagnostic tests and procedures	\$30 copay per day Authorization rules may apply	\$10 copay per day Authorization rules may apply	In-network: \$15 copay per day Out-of-network: 20% of the cost Authorization rules may apply
Lab services:	\$30 copay per day Authorization rules may apply	\$10 copay per day Authorization rules may apply	In-network: \$15 copay per day Out-of-network: 20% of the cost Authorization rules may apply
Outpatient x-rays:	\$20 copay per day Authorization rules may apply	\$10 copay per day Authorization rules may apply	In-network: \$15 copay per day Out-of-network: 20% of the cost Authorization rules may apply
Therapeutic radiology services:	You pay nothing	You pay nothing	In-network: You pay nothing Out-of-network: 20% of the cost
<b>Hearing Services</b>			
Routine Exam—up to one per year:	\$20–\$40 copay	\$15–\$35 copay	In-network: \$15–\$35 copay Out-of-network: \$45 copay
Non Routine Exam:	\$20–\$40 copay	\$15–\$35 copay	In-network: \$15–\$35 copay Out-of-network: \$65 copay
Hearing Aids:	Not covered	Our plan pays up to \$400 every three years for hearing aids	Our plan pays up to \$400 every three years for hearing aids
<b>Dental Services</b>			
Limited Medicare-covered dental services:	\$40 copay	\$35 copay	In-network: \$35 copay Out-of-network: \$65 copay or 20%
Routine dental services: Single copay for visit that includes: Cleaning (for up to 1 every six months); prophylaxis only - does not include periodontal cleaning Dental x-ray(s)* (for up to 1 every six months) Oral exam (for up to 1 every six months)	\$40 copay	\$35 copay	In-network: \$35 copay Out-of-network: \$45 copay

\*Dental x-ray(s) coverage is limited to one set of bitewings every 6 months.

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Vision Services</b>			
Medicare-Covered Eye Exam:	\$40 copay	\$35 copay	In-network: \$35 copay Out-of-Network: \$65 copay
Eyewear after cataract surgery: (for Medicare-covered standard eyewear)	\$0 copay	\$0 copay	In and Out-of-Network: \$0 copay
Routine eye exam: (up to 1 per year)	\$40 copay	\$35 copay	In-network: \$35 copay Out-of-Network: Not covered
Eyewear: (For covered eyewear, you pay any balance in excess of the \$150 limit.)	Our plan pays up to \$150 every two years for eyewear	Our plan pays up to \$150 every two years for eyewear	In-network: Our plan pays up to \$150 every two years for eyewear Out-of-network: Not covered
<b>Mental Health Services</b>			
Inpatient Visit:	<ul style="list-style-type: none"> <li>• \$275 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul> <p>Authorization rules may apply.</p>	<ul style="list-style-type: none"> <li>• \$150 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul> <p>Authorization rules may apply.</p>	<p>In-network:</p> <ul style="list-style-type: none"> <li>• \$200 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul> <p>Out-of-network:</p> <ul style="list-style-type: none"> <li>• 20% of the cost per stay</li> </ul> <p>Authorization rules may apply.</p>
Outpatient group therapy visit:	\$40 copay Authorization rules may apply.	\$35 copay Authorization rules may apply.	In-network: \$35 copay Out-of-network: 20% of the cost Authorization rules may apply
Outpatient individual therapy visit:	\$40 copay  Authorization rules may apply.	\$35 copay  Authorization rules may apply.	In-network: \$35 copay Out-of-network: 20% of the cost Authorization rules may apply.

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Skilled Nursing Facility (SNF)</b>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> <li>You pay nothing per day for days 1 through 20</li> <li>\$160 copay per day for days 21 through 44</li> <li>You pay nothing per day for days 45 through 100</li> </ul> <p>Authorization rules may apply.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> <li>\$20 copay per day for days 1 through 20</li> <li>\$100 copay per day for days 21 through 44</li> <li>You pay nothing per day for days 45 through 100</li> </ul> <p>Authorization rules may apply.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-network:</p> <ul style="list-style-type: none"> <li>You pay nothing per day for days 1 through 20</li> <li>\$140 copay per day for days 21 through 44</li> <li>You pay nothing per day for days 45 through 100</li> </ul> <p>Out-of-network:</p> <ul style="list-style-type: none"> <li>20% of the cost per stay</li> </ul> <p>Authorization rules may apply.</p>
<b>Physical Therapy</b>	<p>\$20 copay</p> <p>Authorization rules may apply.</p> <p>Referral from your doctor may be required.</p>	<p>\$15 copay</p> <p>Authorization rules may apply.</p> <p>Referral from your doctor may be required.</p>	<p>In-network: \$15 copay</p> <p>Out-of-network: 20% of the cost</p> <p>Authorization rules may apply.</p> <p>Referral from your doctor may be required.</p>
<b>Ambulance</b>	<p>\$100 copay per trip</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>Authorization rules may apply.</p>	<p>\$100 copay per trip</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>Authorization rules may apply.</p>	<p>In-network: \$100 copay per trip</p> <p>Out-of-network: \$100 copay per trip</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>Authorization rules may apply.</p>
<b>Transportation</b>	Not covered	Not covered	Not covered
<b>Medicare Part B Drugs</b>	15% coinsurance	10% coinsurance	In and Out-of-network: 10% coinsurance
<b>Foot Care (Podiatry services)</b>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$20–\$40 copay</p> <p>Referral from your doctor may be required.</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$15–\$35 copay</p> <p>Referral from your doctor may be required.</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</p> <p>In-network: \$15–\$35 copay</p> <p>Out-of-network: \$65 copay</p> <p>Referral from your doctor may be required.</p>

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Diabetes Supplies and Services*</b>			
Diabetes monitoring supplies:	You pay nothing	You pay nothing	In-network: You pay nothing Out-of-network: 20% of the cost
Diabetes self-management training:	You pay nothing	You pay nothing	In-network: You pay nothing Out-of-network: 20% of the cost
Therapeutic shoes or inserts:	You pay nothing	You pay nothing	In-network: You pay nothing Out-of-network: 20% of the cost
<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b>	20% of the cost Authorization rules may apply.	10% of the cost Authorization rules may apply.	In-network: 10% of the cost Out-of-network: 20% of the cost Authorization rules may apply.
<b>Prosthetic Devices (braces, artificial limbs, etc.)</b>			
Prosthetic devices:	20% of the cost	10% of the cost	In-network: 10% of the cost Out-of-network: 20% of the cost
Related medical supplies:	20% of the cost	10% of the cost	In-network: 10% of the cost Out-of-network: 20% of the cost
<b>Wellness Programs</b>			
<b>Fitness:</b>	\$150 per calendar year	\$150 per calendar year	\$150 per calendar year
<b>Weight Loss:</b> See back of this booklet for more details	\$150 per calendar year	\$150 per calendar year	\$150 per calendar year

\* There is no coinsurance or copayment for the Johnson and Johnson® (One Touch®) or Roche Diagnostics® (Accu-Check®) blood glucose test strips and blood glucose monitors purchased at participating retail and mail-order pharmacies; otherwise you pay all costs. Test strips and blood glucose monitors are also available at DME suppliers with no coinsurance or copayment. There is no coinsurance or copayment for members eligible for covered therapeutic molded shoes and inserts, diabetes self-management training preventive benefit, or fasting plasma glucose tests.

# Prescription Drug Benefits

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Deductible</b>	\$320 per year for Tiers 3, 4, 5	\$200 per year for Tiers 3, 4, 5	\$260 per year for Tiers 3, 4, 5
<b>Initial Coverage</b>	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You may get your drugs at network retail pharmacies and mail order pharmacies.	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You may get your drugs at network retail pharmacies and mail order pharmacies.	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You may get your drugs at network retail pharmacies and mail order pharmacies.
<p><b>Tier 1 = Preferred Generic</b>  <b>Tier 2 = Generic</b>  <b>Tier 3 = Preferred Brand</b>  <b>Tier 4 = Non-Preferred Brand</b>  <b>Tier 5 = Specialty Tier</b></p> <p><b>Note: Cost-sharing may differ relative to the pharmacy's status as preferred or standard, mail-order, Long Term Care (LTC) or home infusion, and 30 days or 90 days supply.</b></p>			

Preferred Retail Cost Sharing									
Drug Tier	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
<b>Tier 1 (Preferred Generic)</b>	\$3 copay	\$6 copay	\$9 copay	\$1 copay	\$2 copay	\$3 copay	\$1 copay	\$2 copay	\$3 copay
<b>Tier 2 (Generic)</b>	\$7 copay	\$14 copay	\$21 copay	\$5 copay	\$10 copay	\$15 copay	\$5 copay	\$10 copay	\$15 copay
<b>Tier 3 (Preferred Brand)</b>	\$42 copay	\$84 copay	\$126 copay	\$42 copay	\$84 copay	\$126 copay	\$42 copay	\$84 copay	\$126 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$95 copay	\$190 copay	\$285 copay	\$95 copay	\$190 copay	\$285 copay	\$95 copay	\$190 copay	\$285 copay
<b>Tier 5 (Specialty Tier)</b>	26% of the cost	26% of the cost	26% of the cost	25% of the cost	25% of the cost	25% of the cost	26% of the cost	26% of the cost	26% of the cost

	Medicare HMO Blue ValueRx (HMO)			Medicare HMO Blue PlusRx (HMO)			Medicare HMO Blue FlexRx (HMO-POS)		
<b>Standard Retail Cost-Sharing</b>									
Drug Tier	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
<b>Tier 1 (Preferred Generic)</b>	\$8 copay	\$16 copay	\$24 copay	\$6 copay	\$12 copay	\$18 copay	\$6 copay	\$12 copay	\$18 copay
<b>Tier 2 (Generic)</b>	\$12 copay	\$24 copay	\$36 copay	\$10 copay	\$20 copay	\$30 copay	\$10 copay	\$20 copay	\$30 copay
<b>Tier 3 (Preferred Brand)</b>	\$47 copay	\$94 copay	\$141 copay	\$47 copay	\$94 copay	\$141 copay	\$47 copay	\$94 copay	\$141 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$100 copay	\$200 copay	\$300 copay	\$100 copay	\$200 copay	\$300 copay	\$100 copay	\$200 copay	\$300 copay
<b>Tier 5 (Specialty Tier)</b>	26% of the cost	26% of the cost	26% of the cost	25% of the cost	25% of the cost	25% of the cost	26% of the cost	26% of the cost	26% of the cost

	Medicare HMO Blue ValueRx (HMO)			Medicare HMO Blue PlusRx (HMO)			Medicare HMO Blue FlexRx (HMO-POS)		
<b>Mail Order Cost-Sharing</b>									
Drug Tier	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
<b>Tier 1 (Preferred Generic)</b>	\$3 copay	\$3 copay	\$3 copay	\$1 copay	\$1 copay	\$1 copay	\$1 copay	\$1 copay	\$1 copay
<b>Tier 2 (Generic)</b>	\$7 copay	\$14 copay	\$14 copay	\$5 copay	\$10 copay	\$10 copay	\$5 copay	\$10 copay	\$10 copay
<b>Tier 3 (Preferred Brand)</b>	\$42 copay	\$84 copay	\$84 copay	\$42 copay	\$84 copay	\$84 copay	\$42 copay	\$84 copay	\$84 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$95 copay	\$190 copay	\$190 copay	\$95 copay	\$190 copay	\$190 copay	\$95 copay	\$190 copay	\$190 copay
<b>Tier 5 (Specialty Tier)</b>	26% of the cost	26% of the cost	26% of the cost	25% of the cost	25% of the cost	25% of the cost	26% of the cost	26% of the cost	26% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

	Medicare HMO Blue ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare HMO Blue FlexRx (HMO-POS)
<b>Coverage Gap</b>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.</p> <p>After you enter the coverage gap, you pay 35% of the plan’s cost for covered brand name drugs and 44% of the plan’s cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.</p> <p>After you enter the coverage gap, you pay 35% of the plan’s cost for covered brand name drugs and 44% of the plan’s cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.</p> <p>After you enter the coverage gap, you pay 35% of the plan’s cost for covered brand name drugs and 44% of the plan’s cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs.</li> </ul>

# WELLNESS PROGRAMS

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## Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), Medicare HMO Blue FlexRx (HMO-POS)

Take control of your health with our Fitness and Weight Loss Benefits

### What is the Fitness Benefit?

Enroll in a qualified health club or fitness facility and receive up to \$150 per calendar year toward your club membership fees and exercise classes.

### What programs qualify?

- Health clubs with a variety of cardiovascular and strength-training exercise equipment, e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers
- Fitness classes available at participating Councils on Aging (COA) facilities
- Programs that DO NOT qualify: Martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams/leagues. You cannot receive the FitnessBenefit for any aerobic/fitness activity fees paid to a non-qualified health club or fitness center, or for personal training, lessons, coaching, exercise equipment, or clothing.

### What is the Weight Loss Benefit?

Enroll in a qualified Weight Watchers® or a hospital-based weight loss program and receive up to \$150 per calendar year toward your program fees. Employer group benefits may vary.

### What kinds of programs qualify?

- Traditional Weight Watchers meetings, Weight Watchers At Work program, and hospital-based weight loss programs.

Programs that DO NOT qualify: Individual nutrition counseling sessions, pre-packaged meals, books, videos, scales, or other items and supplies. Weight Watchers Online and Weight Watchers At Home programs.

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## 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, or sex. 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 Laureen Corey, 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 Laureen Corey, 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 February 15 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through February 14, 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](https://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](https://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: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អិត 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/λληνικά:** 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:** સચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-200-4255 (TTY: 711)

## For more information or help with enrollment



[www.bluecrossma.com/Medicare](http://www.bluecrossma.com/Medicare)



### Member Service

Medicare Plan Sales: **1-800-678-2265 (TTY: 711)**

February 15 through September 30,  
8:00 a.m. to 8:00 p.m. ET, Monday through Friday  
October 1 through February 14,  
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.



MASSACHUSETTS