



MASSACHUSETTS

# GOOD NEWS, MAYFLOWER MUNICIPAL HEALTH GROUP:

## YOU HAVE TWO GREAT OPTIONS FOR YOUR MEDICARE COVERAGE



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

# CHOOSE THE PLAN THAT'S RIGHT FOR YOU

One plan doesn't always fit all. That's why we're happy to introduce the Medicare PPO Blue FreedomRx plan, giving you two great options this year. Both plans provide extensive coverage that Original Medicare doesn't, and each has its own unique benefits. Use the chart below to find the plan that's right for you.

Benefits	Medex <sup>®</sup> 2	Medicare PPO Blue FreedomRx
<b>Medicare plans</b>	This Medicare supplement plan helps pay for medical costs that aren't covered by Original Medicare, such as copays and co-insurance.	This all-in-one Medicare Advantage plan offers additional coverage for prescriptions, dental, vision, and hearing.
<b>Prescription drug coverage</b>	<p>To get prescription drug coverage, you need to enroll in Blue MedicareRx Part D. When you do, you'll receive a separate ID card for your pharmacy coverage, and you'll pay the following copays:</p> <p>Copay for a 30-day supply at a retail pharmacy:  <b>Tier 1: \$5</b>  <b>Tier 2: \$10</b>  <b>Tier 3: \$25</b></p> <p>Copay for a 90-day supply through the mail service pharmacy:  <b>Tier 1: \$10</b>  <b>Tier 2: \$20</b>  <b>Tier 3: \$50</b></p>	<p>Pharmacy coverage is included in this plan. No separate ID card necessary.</p> <p>Copay for a 30-day supply at a retail pharmacy:  <b>Tier 1: \$5</b>  <b>Tier 2: \$10</b>  <b>Tier 3: \$25</b></p> <p>Copay for a 90-day supply through the mail service pharmacy:  <b>Tier 1: \$10</b>  <b>Tier 2: \$20</b>  <b>Tier 3: \$50</b></p>
<b>Calendar-year medical deductible</b>	\$0	Not applicable
<b>Out-of-pocket maximum</b>	\$0	<b>In-network services: \$3,400</b> <b>Out-of-network services: \$5,100</b> (accumulation combined with in-network)
<b>Inpatient hospital care</b>	\$0	\$0
<b>Skilled nursing facility</b>	\$0 – up to 100 days per benefit period	\$0 – up to 100 days per benefit period
<b>Doctor office visits</b>	\$0	\$0
<b>Specialist office visits</b>	\$0	\$0
<b>Telehealth visits</b>	The same cost as a comparable in-person visit.	<b>In-network: \$0</b> <b>Out-of-network: Not covered</b>
<b>Acupuncture</b>	\$0 – 12 visits per calendar year	Not covered
<b>Emergency/urgent care</b>	\$0 in or out of the country	\$0 in or out of the country

(continued)

Benefits	Medex <sup>®</sup> 2	Medicare PPO Blue FreedomRx
Annual physical exam	Not covered, but Medicare covers certain preventive services and related tests at no cost	\$0 – One exam per year
Routine GYN exam	\$0 – One exam every two years \$0 – One pap smear test every year	\$0 – One exam every two years
Prostate cancer screening	\$0 – One per year	\$0 – One per year
Mammogram	\$0 – One per year	\$0 – One per year
Mental health and substance use	\$0	\$0
Outpatient diagnostic lab and X-ray services	\$0	\$0
Outpatient surgery	\$0	\$0
Durable medical equipment and prosthetic devices	\$0	\$0 (diabetes equipment and supplies limited to One Touch <sup>®</sup> products ONLY)
Chiropractic	\$0 for manual manipulation of the spine to correct subluxation, and 20% coverage for other chiropractic services	\$0 (limited to manual manipulation of the spine to correct subluxation)
Hearing exam	Not covered	One per year \$0 – With a TruHearing <sup>®</sup> provider \$45 – With other providers
Hearing aids	\$2,000 per ear every 36 months when furnished by a licensed Hearing Instrument Specialist.	\$699 or \$999 copay per aid (benefit is limited to TruHearing's advanced and premium hearing aids)
Routine dental exam	Not covered	Two exams per calendar year, each including a routine cleaning and X-rays. <b>In-network:</b> \$0 per office visit <b>Out-of-network:</b> \$45 per office visit
Routine vision exam	Not covered	One routine refractive eye exam per year. \$0 with an EyeMed <sup>®</sup> provider \$45 with another provider
Vision supplies	Eyewear (eyeglasses or contact lenses) \$150 every 24 months. Member must pay all charges and will be reimbursed up to \$150.	Eyewear up to \$200 every 24 months
Podiatry care	\$0 for Medicare covered services	\$0 for Medicare covered services
Fitness and weight-loss benefit	\$150 each for fitness and weight-loss reimbursements per calendar year.	\$150 each for fitness and weight-loss reimbursements per calendar year



## QUESTIONS?

Call Team Blue at **1-800-258-2226** and select **option 3**. Tell the Member Service representative that you're a member of the Mayflower Municipal Health Group health plan.

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 lingüísticos, grátis. Ligue para **1-800-200-4255** (TTY: **711**).

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