

BLUE CROSS BLUE SHIELD

- MEDEX 2 WITH BLUE MEDICARE RX (PDP)
- MEDICARE PPO BLUE FREEDOM RX

MAYFLOWER MUNICIPAL HEALTH GROUP

MEDEX 2

- Supplemental Plan

PRESCRIPTION DRUG PLAN

- Blue MedicareRx (PDP)

Prescription Drug Copayments \$5-\$10-\$25

MEDEX

Introduction

PLAN HIGHLIGHTS

Medicare Supplement plan: Medicare is the primary payer for medical claims.

Providers: Members must see Medicare-participating providers.

Provider network and referrals: There is no provider network and no referral requirements.

Nationwide coverage: Benefits available for covered services received outside of Massachusetts.

Medical coverage: Medex 2 provides coverage for medical care. Prescription drug coverage is provided separately by Blue MedicareRx (PDP).



To enroll in the plan, members must be eligible for Medicare Part A and Medicare Part B and enrolled in Both.

MEDEX BENEFITS

| | MEDICAL SERVICES | MEMBER COST | |
|-------------------------|--|--|----------------------------------|
| DOCTOR OFFICE VISITS | Routine Preventive health services & related tests | \$0 | |
| | Diagnostic office visits | \$0 | |
| | Physical, Speech Therapy, Cardiac Rehab | \$0 | |
| | Chiropractor Services Manual manipulation of the spine to correct subluxation | \$0 | |
| EMERGENCY & URGENT CARE | Emergency Room visits | \$0 | |
| | Urgent Care facilities | \$0 | |
| EQUIPMENT | Prosthetics, Durable Medical Equipment | \$0 | |
| DIAGNOSTIC TESTING | Diagnostic Testing Labs & X-Rays, MRI's, PET & CT Scans | \$0 | |
| HOSPITAL | Hospital Day Surgery | \$0 | |
| | Inpatient Medical and Surgical Hospital Services Full coverage of Medicare deductible and coinsurance and of lifetime reserve days, and full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up | \$0 | |
| | Inpatient Skilled Nursing Facility Services | Medicare participating facility: Days 1-100 (Medicare provides full coverage for days 0-20) | \$0 |
| | | Days 101-365 | amount in excess of \$16 per day |
| | | Non-Medicare participating facility: Days 1-365 (Benefit Limit: 365 days per benefit period) | amount in excess of \$16 per day |

Please refer to your Medex benefit materials for complete details of Medex benefits

MEDEX BENEFITS

Additional Benefits

| BENEFIT | MEMBER COST |
|--------------------------|---|
| Acupuncture | No cost for 12 visits per calendar year |
| Hearing Aids | Medex Covers up to \$2,000 for one hearing aid for each hearing impacted ear every 36 months |
| Shingles Vaccine | No cost for vaccine and its administration |
| Vision Supplies | Medex covers \$150 every 24 months for one set of prescription lenses and/or frames or contact lenses |
| Wellness Benefits | \$150 fitness reimbursement per member per calendar year and \$150 Weight Loss reimbursement per member per calendar year |

Please refer to your Medex benefit materials for complete details of Medex benefits

MEDEX BENEFITS

Preventative Services

Medicare provides coverage for certain preventive services at no cost to members. For the current list of covered preventive services, refer to your *Medicare & You handbook* or go to [medicare.gov](https://www.medicare.gov). Some preventive covered services are highlighted below.

-
- **Routine fecal-occult blood test:** one every year for members age 50 or older (Full coverage for tests)
 - **Routine flexible sigmoidoscopy:** one every four years for members age 50 or older (Full coverage for tests)
 - **Routine colonoscopy:** one every two years for a high-risk member (Full coverage for tests)
 - **Other routine colorectal cancer screening tests or procedures** and changes to tests or procedures according to frequency limits set by Medicare (Full coverage for tests)
 - **Routine prostate cancer screening** for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage for exam if doctor accepts assignment, full coverage for PSA test)
 - **Routine gynecological exam:** one every two years (Full coverage for exam if doctor accepts assignment)
 - **Routine gynecological exam:** one per calendar year for a member at high risk for cancer (Full coverage for exam if doctor accepts assignment)
 - **Baseline mammogram:** one during the five-year period a member is age 35-39 and one routine mammogram per calendar year for members age 40 and older (Full coverage for screening)
 - **Routine Pap smear:** one test per calendar year (Full coverage for test)
-

FITNESS AND WEIGHT LOSS BENEFITS

www.bluecrossma.org

GET FIT. LOSE WEIGHT. GAIN SAVINGS.

Big congrats on your healthy habits! To celebrate All you do, we've put together up to \$300 in Fitness and weight loss reimbursements. Yours for the taking, you go-getter.



FITNESS REIMBURSEMENT up to \$150 per year

Membership or fitness class fees at:

- **A full-service health club** with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, & free weights.
- **A fitness studio** with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, & other exercise programs
- **Virtual offerings** like online fitness memberships, subscriptions, and classes that provide cardiovascular and strength-training.
- **Home Fitness Equipment:** like Stationary bikes (including Peloton), Weights, Kettle Bells, Bands, Treadmills

WEIGHT LOSS REIMBURSEMENT up to \$150 per year

Participation fees for:

- **Hospital-based** programs and
- **Non-Hospital** programs (in-person or online) that combine healthy eating, exercise, & coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists
- **WW®** in-person & online

ONLINE AND MOBILE PLAN RESOURCES

www.bluecrossma.org

STAY ON TOP OF YOUR COVERAGE

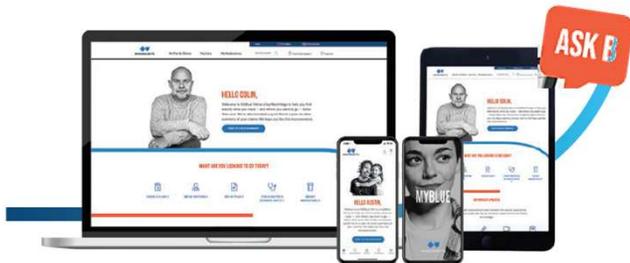
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STAY ON TOP OF YOUR COVERAGE

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Manage your prescriptions



Review drug coverage & costs



Quick, easy, secure refills



PRESCRIPTION DRUG PLAN BENEFITS

Blue MedicareRx (PDP) Prescription Drug Coverage

| PRESCRIPTION DRUGS | MEMBER COST* | | |
|--|--------------------------|-------------------------------------|----------------------------------|
| | Tier 1: Generic Drugs | Tier 2: Preferred Brand Drugs | Tier 3: Non-Preferred Drug |
| Retail pharmacy (one-month supply) | \$5 | \$10 | \$25 |
| Mail Service pharmacy (up to three-month supply) | \$10 | \$20 | \$50 |

*These prescription drug copayments apply until your out-of-pocket prescription drug costs for covered Part D drugs reach \$8,000; then, you will pay \$0 for covered Part D drugs for the rest of the calendar year.

You are encouraged to use a Blue MedicareRx participating pharmacy both in and outside of Massachusetts. These pharmacies will file claims for you as long as you have your ID card with you. Please refer to your Pharmacy Directory for a list of participating pharmacies.



Medicare PPO Blue FreedomRX Option

Drug Copayments \$5-\$10-\$25

MEDICARE PPO BLUE FREEDOMRX

Network

EXTENSIVE NETWORK

NATIONAL PPO NETWORK BLUE
CROSS BLUE SHIELD MEDICARE
ADVANTAGE PPO PROVIDERS

IN-NETWORK PPO PROVIDERS:
RICHER BENEFITS

OUT-OF-NETWORK PROVIDER:
YOU MAY PAY MORE FOR SERVICES



- To enroll in the plan, members must be eligible for Medicare Part A and Medicare Part B and be enrolled in Both.
- In addition, members must permanently reside in the plan service area.
- Blue Cross Blue Shield of Massachusetts' plan service area includes all 50 states, excluding U.S. territories.

MEDICARE PPO BLUE FREEDOMRX

Additional Benefits

ADDITIONAL BENEFITS FOR MEDICARE PPO BLUE FREEDOMRx MEMBERS!!

| | |
|------------------------------|--|
| Annual Physical Exams | One Per Year |
| Hearing Exams | One Exam Every 12 Months - \$0 with TruHearing Providers or \$45 with Other Hearing Providers |
| Hearing Aids | \$699 or \$999 Cost per Aid – Benefits limited to TruHearing Advanced and Premium Hearing Aids |
| Routine Dental Exams | Exams, Cleanings and Bitewing X-Rays twice per Calendar Year. \$0 In Network or \$45 Out of Network |
| Routine Vision Exams | Routine Refractive Eye Exam Once Every 12 Months - \$0 with Eye Med Providers - \$45 with Other Vision Providers |
| Vision Supplies | Eyewear Once every 24 months up to \$200 Maximum Allowance |

MEDICARE PPO BLUE FREEDOMRX

Medical Services

| | | MEDICAL SERVICES | MEMBER COST SHARING | | | | | |
|------------------------------|---|------------------|---------------------|-------------------------|-----------------------------|-------------------|-------------------------|-----------------------------|
| | | | IN-NETWORK | | OUT-OF-NETWORK | | | |
| DOCTOR OFFICE VISITS | Annual Physical Exam And Medicare–Covered Preventive Care and Screening Tests | | \$0 | | \$0 | | | |
| | Doctor Office Visits | | \$0 | | \$0 telehealth not covered | | | |
| | Physical, Speech Therapy, Cardiac Rehab | | \$0 | | \$0 | | | |
| EMERGENCY AND URGENT CARE | Emergency Room visits | | \$0 | | \$0 | | | |
| | Urgently Needed Care Doctor's office or telehealth visit | | \$0 | | \$0 telehealth not covered | | | |
| EQUIPMENT | Prosthetics, Durable Medical Equipment | | \$0 | | \$0 | | | |
| DIAGNOSTIC TESTING | Diagnostic Testing such as Lab Tests, X-Rays, MRI's, PET & CT Scans | | \$0 | | \$0 | | | |
| HOSPITAL | Day Surgery | | \$0 | | \$0 | | | |
| | Inpatient Hospital Care Hospital care for illness or chronic disease for as many days as medically necessary | | \$0 | | \$0 | | | |
| PRESCRIPTION DRUGS | PRESCRIPTION DRUGS | | TIER 1 GENERIC | TIER 2 BRAND NAME | TIER 3 NON- PREFERRED | TIER 1 GENERIC | TIER 2 BRAND NAME | TIER 3 NON- PREFERRED |
| | Retail pharmacy (30-day supply) | | \$5 | \$10 | \$25 | \$5* | \$10* | \$25* |
| | Mail Order pharmacy (90-day supply) | | \$10 | \$20 | \$50 | \$10* | \$20* | \$50* |

*Available under special circumstances

MEDICARE PPO BLUE FREEDOMRX

Out-of-Pocket Maximum

MEDICAL SERVICES
deductible
coinsurance
copayments

OUT-OF-POCKET MAXIMUM

The most a member will pay per year for Medicare covered services before the plan pays 100 percent of covered health expenses for the rest of that plan year

\$3,400 In-Network

\$5,100 Combined In and Out-of-Network

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- **Hospital-based** programs and
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- **WW®** in-person & online

WE'RE HERE TO HELP

www.bluecrossma.org

 **Call Team Blue**
1-800-258-2226
8am – 6pm ET Weekdays

 **Talk to a Nurse**
1-888-247-2583

 **Send Secure Message**
www.bluecrossma.org/myblue

ASK B

ASK B LIVE CHAT 

START CHATTING WITH US

Name

Email

Member ID

Your Question



MASSACHUSETTS

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which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are
the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor.

Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

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