MASSACHUSETTS

Mayflower Municipal Health Group

Medicare PPO Blue (PPO)

2027 BENEFITS OVERVIEW

Drug copayments
$10 – $20 – $35

FreedomRx Option

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

WE KNOW MEDICARE

We have the knowledge and expertise to help you every step of the way.

Quality

More people in Massachusetts choose our Medicare plans over any other option.[1]

Service

Our dedicated Medicare experts are always ready to answer your questions.

Trust

We've been providing high-quality, affordable Medicare coverage for more than 50 years.

OVER 8 MILLION

Medicare members in America are enrolled in a Blue Cross Blue Shield plan.[2]

Getting the best benefits should be easy. That's why we're here. If you ever have any questions or concerns, we're always happy to talk you through them.

Call 1-800-200-4255 (TTY: 711) for more information.

1. Represents Medicare Advantage and Medicare Supplemental Individual and Group plan membership based on data from CMS (cms.gov) and the Massachusetts Department of Insurance (mass.gov).
2. Data attributed to all Blue Cross Blue Shield Association plans across America; CMS; Barclays Research, 2026, Quarter 1, Brand Protection Financial Services Reporting.

IMPORTANT: IF YOU HAVEN'T ENROLLED IN MEDICARE, CONTACT YOUR LOCAL SOCIAL SECURITY OFFICE THREE MONTHS PRIOR TO YOUR 65TH BIRTHDAY.

COVERED SERVICES FOR MEDICARE PPO BLUE FREEDOMRx (PPO) MEMBERS

The information below provides a summary of the drug and health services covered under this plan. This information is not a complete description of benefits. For more information about this plan, or the actual premiums you will pay, please contact your employer group benefits plan administrator.

Plan specifics	In-network	Out-of-network
Calendar year medical deductible	$0	$0
Out-of-pocket maximum	$3,400 in-network or $5,100 for combined in- and out-of-network medical services each calendar year—this is the maximum out-of-pocket amount you pay each year for Medicare-covered services.	
Covered services	**Your cost for in-network services**	**Your cost for out-of-network services**
Doctor's office or telehealth visits	$0 per office or telehealth visit	$0 per visit (telehealth visits not covered)
Inpatient hospital care Hospital care for illness or chronic disease for as many days as medically necessary (per admission benefit, includes hospital care in a rehabilitation hospital)	$0	$0
Emergency care[1] Hospital emergency room visits	$0 per visit	$0 per visit
Urgently needed care[1] Doctor's office or telehealth visit (telehealth visits not covered with an out-of-network provider)	$0 per office or telehealth visit	$0 per visit (telehealth visits not covered) $0 per office visit for urgently needed care outside the United States
Skilled nursing facility (SNF) care Medically necessary care up to 100 days per benefit period[2]	$0	$0
Mental health and substance use Outpatient mental health and substance use care when medically necessary	$0 per office or telehealth visit through a network provider	$0 per office visit (telehealth not covered)
Inpatient care for mental health and substance se (per admission benefit)	$0	$0
Annual physical exam	$0	$0

1. Emergency and urgently needed care are available worldwide.
2. A benefit period begins with the first day of a Medicare-covered inpatient hospital stay and ends with the close of a period of 60 consecutive days during which you were not an inpatient of a hospital or a skilled nursing facility.

Covered services	Your cost for in-network services	Your cost for out-of-network services
Medicare-covered preventive care and screening tests	$0	$0
Mammography screening every 12 months	$0	$0
Routine gynecological exam once every 24 months	$0	$0
Prostate cancer screening exam once per year	$0	$0
Routine dental services Preventive routine dental care limited to one initial and periodic oral exam, one cleaning, (prophylaxis only — does not include periodontal cleaning) and one set of bitewing X-rays twice in a calendar year	$0 per visit	$45 per visit
Hearing services Routine diagnostic hearing exam once every 12 months	$0 per visit with a TruHearing provider	$45 per visit
Hearing aids: Up to two TruHearing®´-branded hearing aids every year (one per ear per year). Benefit is limited to TruHearing's Advanced and Premium hearing aids. You must see a TruHearing provider to use this benefit (In-network).	$699 or $999 copay per aid	$1,000 deductible then 80% coinsurance ($1,700 limit per ear per year)
Vision care Routine eye exam once per calendar year	$0 per visit with an EyeMed®´ vision provider	$45 per visit
Eyewear once every 24 months, up to a $200 maximum	All costs over $200 (this allowance is combined in- and out-of-network)	
Other Medicare-covered health services Home health services (non-custodial)	$0	$0
Durable medical equipment	$0 (no cost for diabetes equipment and supplies*)	$0 (no cost for diabetes equipment and supplies*)

*Coverage for diabetic test strips and blood glucose monitors is limited to Freestyle®´ and Accu-Chek®´ products when purchased at participating retail and mail order pharmacies, otherwise you pay all costs. No coverage for other test strips. For additional information, contact Member Service or refer to your Evidence of Coverage.

COVERED SERVICES FOR MEDICARE PPO BLUE FREEDOMRx (PPO) MEMBERS

Covered services	Your cost for in-network services	Your cost for out-of-network services
Prosthetic devices and ostomy supplies	$0	$0
Outpatient diagnostic tests and X-rays	$0 for cost of lab tests; $0 per day for CT scans, MRIs, PET scans, and nuclear cardiac imaging tests; $0 for X-rays and other diagnostic tests	$0 for cost of lab tests; $0 per day for CT scans, MRIs, PET scans, and nuclear cardiac imaging tests; $0 for X-rays and other diagnostic tests
Outpatient radiation therapy	$0	$0
Outpatient hospital/ambulatory surgical center	$0 per visit	$0 per visit
Physical, occupational, and speech therapy	$0 per visit	$0 per visit
Podiatry services Medicare-covered services	$0 per visit	$0 per visit
Chiropractic services Manual manipulation of the spine to correct subluxation	$0 per visit	$0 per visit
Health and wellness programs Disease-specific health and wellness education	$0	$0
Smoking-cessation counseling	$0	$0
Health promotion programs Eligible health club membership, exercise classes, online class fees, or fitness equipment	Up to $150 maximum reimbursement each calendar year	
Eligible weight-loss program	Up to $150 maximum reimbursement each calendar year	

Covered services	Your cost for in-network services	Your cost for out-of-network services
Prescription drug coverage[3, 4]		
At a participating retail pharmacy (up to a 30-day supply)[4]	$10 for generic drugs $20 for preferred drugs $35 for non-preferred drugs	Available under special circumstances: $10 for generic drugs $20 for preferred drugs $35 for non-preferred drugs
Through a participating mail service pharmacy (up to a 100-day supply for generic drugs, and 90-day supply for other drugs)	$20 for generic drugs $40 for preferred drugs $70 for non-preferred drugs	Available under special circumstances: $20 for generic drugs $40 for preferred drugs $70 for non-preferred drugs

3. Prescription drug copayments/coinsurance apply until your out-of-pocket prescription drug costs for covered Part D drugs reach $2,400; thereafter, you will pay nothing for all Part D covered drugs.
4. Prescription drugs may be available at retail pharmacies up to a 100-day supply. If available, calculate the copayment charge for each 30-day supply. Refer to the Evidence of Coverage for more details.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES

Our plan covers most Part D vaccines at no cost to you. Call Member Service for more information.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN

You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

MEMBER ELIGIBILITY

To enroll in the plan, members must be eligible for Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium. 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. Network providers may not be available in some states or in portions of a state within the plan service area; in such cases network cost sharing typically applies.

To locate a participating network provider:

- Call the Member Service phone line during regular business hours
- Use our **Find a Doctor** tool at **bluecrossma.org**

QUESTIONS?

Member Service

1-800-200-4255 (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.

bluecrossma.com/medicare

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.

Attention: Si hablas un idioma distinto al inglés, Blue Cross Blue Shield of Massachusetts ofrece servicios de asistencia lingüística y ayudas auxiliares apropiadas de forma gratuita. Llama al **1-800-200-4255** (TTY: **711**).

Se você fala um idioma diferente do inglês, a Blue Cross Blue Shield of Massachusetts tem serviços de assistência linguística e auxílios e serviços auxiliares apropriados disponíveis gratuitamente. Ligue para **1-800-200-4255** (TTY: **711**).

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