MASSACHUSETTS

2027 SUMMARY OF BENEFITS

Medicare PPO Blue EssentialRx (PPO)

Medicare PPO Blue ValueRx (PPO)

Medicare PPO Blue PlusRx (PPO)

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

This booklet gives you a summary of drug and health services covered by Medicare PPO Blue EssentialRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO), and what you pay.

This information is not a complete description of benefits. Call 1-800-200-4255 (TTY: 711) for more information.

To get a complete list of services covered by Blue Cross Blue Shield of Massachusetts, call our Member Service department and ask for the Evidence of Coverage (EOC). You can also access the EOC online at our website, bluecrossma.com/medicare.

SUMMARY OF BENEFITS

January 1, 2027 - December 31, 2027

CHOOSE HOW YOU GET YOUR MEDICARE BENEFITS

You can choose to:

- Get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Get your Medicare benefits by joining a Medicare health plan **(such as Medicare PPO Blue EssentialRx, Medicare PPO Blue ValueRx,** or **Medicare PPO Blue PlusRx)**.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

- This *Summary of Benefits* booklet gives you an overview of what **Medicare PPO Blue EssentialRx, Medicare PPO Blue ValueRx,** and **Medicare PPO Blue PlusRx** cover, and what you pay.
- To compare our plan with other Medicare health plans' representatives, ask the other plans for their *Summary of Benefits* booklets. Or, use the Medicare Plan Finder on **medicare.gov**.
- To learn more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at **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 PPO Blue EssentialRx, Medicare PPO Blue ValueRx,** and **Medicare PPO Blue PlusRx**
- 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 Service at the number shown in the next section.

THINGS TO KNOW ABOUT OUR PLANS

Medicare PPO Blue EssentialRx (PPO), Medicare PPO Blue ValueRx (PPO), Medicare PPO Blue PlusRx (PPO)

Contact information and hours of operation	
Members	
October 1–March 31 **1–800–200–4255 (TTY: 711)** 8:00 a.m. to 8:00 p.m., 7 days a week	April 1–September 30 **1–800–200–4255 (TTY: 711)** 8:00 a.m. to 8:00 p.m., 5 days a week, Monday–Friday
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 Service also has free language interpreter services available for non-English speakers.	
Non-members	
October 1–March 31 **1–800–678–2265 (TTY: 711)** 8:00 a.m. to 8:00 p.m., 7 days a week	April 1–September 30 **1–800–678–2265 (TTY: 711)** 8:00 a.m. to 8:00 p.m., 5 days a week, Monday–Friday
Our website: bluecrossma.com/medicare	

WHO CAN JOIN?

To join Medicare PPO Blue EssentialRx, Medicare PPO Blue ValueRx, or Medicare PPO Blue PlusRx, you must be eligible for 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.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

Medicare PPO Blue EssentialRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that aren't in our network.

Depending on your plan, you may pay more if you use providers that aren't in our network. Out-of-network/non-contracted providers are under no obligation to treat Medicare PPO Blue EssentialRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx members, except in emergency situations. For a decision about whether we'll cover an out-of-network service, we encourage you or your provider to ask us for a prior authorization before you receive the service. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can view our plan's provider directory at **bluecrossma.com/medicare**.
- You can view our plan's pharmacy directory at **bluecrossma.com/medicare**.
- Or, call us and we'll send you a copy of the provider and pharmacy directories. The pharmacy network, and/or provider network may change at any time. You'll receive notice when necessary.

WHAT DO WE COVER?

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.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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

- You can view the complete plan formulary (list of Part D prescription drugs) and any restrictions at **bluecrossma.com/medicare-options**.
- Or, call us and we'll send you a copy of the formulary. The formulary may change at any time. You'll receive notice when necessary.

HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of five tiers. You'll 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 and catastrophic coverage.

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, even if you haven't paid your deductible (if applicable).

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if applicable). Call us if you would like more information.

SUMMARY OF BENEFITS:

January 1, 2027 – December 31, 2027

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Service area	Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk Counties	Barnstable, Bristol, Franklin, Hampden, Hampshire, Norfolk, Plymouth, Suffolk Counties	Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties
Monthly plan premium	**$69 per month**	**$108 per month**	**$300 per month**
	You must continue to pay your Medicare Part B premium.		
Deductibles			
Medical:	These plans don't have a medical deductible.		
Prescription drugs:	$700 per year for Tiers 3, 4, 5	$500 per year for Tiers 3, 4, 5	$500 per year for Tiers 3, 4, 5
Maximum out-of-pocket responsibility (does not include costs related to prescription drugs)	Your yearly limit(s) in this plan: $9,850 for services you receive from in-network providers $14,800 for services you receive from any provider	Your yearly limit(s) in this plan: $6,600 for services you receive from in-network providers $10,000 for services you receive from any provider	Your yearly limit(s) in this plan: $4,200 for services you receive from in-network providers $6,300 for services you receive from any provider
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we'll pay the full cost for the rest of the year. Please note that you'll still need to pay your Medicare Part B premium, your plan premium, and any cost sharing for your Part D prescription drugs.		

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Inpatient hospital coverage (per admission benefit)	Our plan covers an unlimited number of days for an inpatient hospital stay. **In-network:** $388 copay per day for days 1 through 7 You pay nothing for days 8 and beyond. **Out-of-network:** 50% of the cost per stay	Our plan covers an unlimited number of days for an inpatient hospital stay. **In-network:** $433 copay per day for days 1 through 7 You pay nothing for days 8 and beyond. **Out-of-network:** 40% of the cost per stay	Our plan covers an unlimited number of days for an inpatient hospital stay. **In-network:** $255 copay per day for days 1 through 7 You pay nothing for days 8 and beyond. **Out-of-network:** 20% of the cost per stay
	Authorization rules may apply.		
Outpatient hospital coverage	**In-network:** 30% of the total cost **Out-of-network:** 50% of the total cost	**In-network:** $300/visit **Out-of-network:** 40% of the total cost	**In-network:** $150/visit **Out-of-network:** 20% of the total cost
	Authorization rules may apply.		
Ambulatory surgery center	**In-network:** $495/visit **Out-of-network:** 50% of the total cost	**In-network:** $150/visit **Out-of-network:** 40% of the total cost	**In-network:** $100/visit **Out-of-network:** 20% of the total cost
	Authorization rules may apply.		
Doctor's office visits: (telehealth services are only available at in-network providers)			
Primary care provider:	**In-network:** $0 copay **Out-of-network:** 50% of the cost	**In-network:** $0 copay **Out-of-network:** 40% of the cost	**In-network:** $0 copay **Out-of-network:** $45 copay

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Specialist	**In-network:** $55 copay* **Out-of-network:** 50% of the cost	**In-network:** $45 copay* **Out-of-network:** 40% of the cost	**In-network:** $40 copay* **Out-of-network:** $45 copay
	*You pay nothing for Medicare-covered specialist services performed in the home furnished by a network provider.		
Preventive care	**In-network:** You pay nothing. **Out-of-network:** 50% of the cost.	**In-network:** You pay nothing. **Out-of-network:** 40% of the cost	**In-network:** You pay nothing. **Out-of-network:** $45 copay or 20% of the cost, depending on the service
	Our plans cover many preventive services, including:		
	• Abdominal aortic aneurysm screening • Alcohol use counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • Flu shots, pneumococcal shots, hepatitis B shots (limitations may apply) • HIV screening • Lung cancer screening (low-dose computed tomography (LDCT))		• Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco-use cessation counseling (counseling for people with no sign of tobacco-related disease) • Welcome to Medicare preventive visit (one-time) • Annual wellness visit • Any additional preventive services approved by Medicare during the contract year will be covered. 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.
	Authorization rules may apply.		

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Emergency care	$115 copay	$130 copay	$140 copay
	Your copay is waived if you're admitted to the hospital within 24 hours or held overnight for observation.		
Urgently needed services (including telehealth visits)	Provider of Choice: $0 copay All other settings: $40 copay*	Provider of Choice: $0 copay All other settings: $50 copay*	Provider of Choice: $0 copay All other settings: $45 copay*
	*You pay nothing for Medicare-covered specialist services performed in the home furnished by a network provider. Telehealth visits are not covered out-of-network.		
Diagnostic services/labs/imaging			
Diagnostic radiology (such as MRIs, CT scans)	In-network: $375 copay per day Out-of-network: 50% of the cost	In-network: $250 copay per day Out-of-network: 40% of the cost	In-network: $150 copay per day Out-of-network: 40% of the cost per day
	Authorization rules may apply.		
Diagnostic tests and procedures	In-network: $20 copay per day* Out-of-network: 45% of the cost	In-network: $0 copay per day Out-of-network: 40% of the cost	In-network: $10 copay per day* Out-of-network: 20% of the cost
	*You pay nothing for Medicare-covered services performed at home by a network provider. Authorization rules may apply.		
Lab services	In-network: $20 copay per day* Out-of-network: 45% of the cost	In-network: $0 copay per day Out-of-network: 40% of the cost	In-network: $10 copay per day* Out-of-network: 20% of the cost
	*You pay nothing for Medicare-covered services performed at home by a network provider Authorization rules may apply.		
Outpatient X-rays	In-network: $15 copay per day Out-of-network: 50% of the cost	In-network: $10 copay per day Out-of-network: 40% of the cost	In-network: $10 copay per day Out-of-network: 20% of the cost
Therapeutic radiology services	In-network: $85 copay per visit Out-of-network: 50% of the cost	In-network: You pay nothing. Out-of-network: 40% of the cost	In-network: You pay nothing. Out-of-network: 20% of the cost
	Authorization rules may apply.		

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Hearing services: You must use a TruHearing® network provider for all in-network routine hearing exams and the purchase of covered in-network hearing aids.			
Routine exam (up to 1 every 12 months)	**In-network:** $0 copay **Out-of-network:** 50% of the cost	**In-network:** $0 copay **Out-of-network:** $45 copay	**In-network:** $0 copay **Out-of-network:** $45 copay
Non-routine exam	**In-network:** $0-$55 copay **Out-of-network:** 50% of the cost	**In-network:** $0-$45 copay **Out-of-network:** 40% of the cost	**In-network:** $0-$40 copay **Out-of-network:** $45 copay
Hearing aids	**In-network:** $699-$999 copay per hearing aid per year **Out-of-network:** $1,000 deductible then 80% ($1,700 limit per ear per year)	**In-network:** $699-$999 copay per hearing aid per year **Out-of-network:** $1,000 deductible then 80% ($1,700 limit per ear per year)	**In-network:** $699-$999 copay per hearing aid per year **Out-of-network:** $1,000 deductible then 80% ($1,700 limit per ear per year)
Dental services			
Limited Medicare-covered dental services	**In-network:** $55 copay **Out-of-network:** 50% of the cost	**In-network:** $45 copay **Out-of-network:** 40% of the cost	**In-network:** $40 copay **Out-of-network:** $45 copay
Dental services — non-Medicare covered	**Non-Medicare covered dental services:** **In-network:** $0 copay for covered preventive services 50% co-insurance for covered comprehensive services **Out-of-network:** $60 copay for covered preventive services 50% co-insurance for covered comprehensive services $500 maximum per calendar year for preventive and comprehensive services combined. See Evidence of Coverage for more details.	**In-network:** $0 copay for covered preventive services 50% co-insurance for covered comprehensive services **Out-of-network:** $50 copay for covered preventive services 50% co-insurance for covered comprehensive services $575 maximum per calendar year for preventive and comprehensive services combined. See Evidence of Coverage for more details.	**In-network:** You pay $0 copay. **Out-of-network:** You pay a $45 copay. Coverage for preventive services only. Maximum of two visits each calendar year. See Evidence of Coverage for more details.

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Vision services			
Medicare-covered eye exam	**In-network:** $0-$55 copay **Out-of-network:** 50% of the cost	**In-network:** $0-$45 copay **Out-of-network:** 40% of the cost	**In-network:** $0-$40 copay **Out-of-network:** $45 copay
Eyewear after cataract surgery: (for Medicare-covered standard eyewear)	**In- and out-of-network:** $0 copay	**In- and out-of-network:** $0 copay	**In- and out-of-network:** $0 copay
Routine eye exam (up to 1 per calendar year)	**In-network:** $0 copay **Out-of-network:** 50% of the cost	**In-network:** $0 copay **Out-of-network:** $45 copay	**In-network:** $0 copay **Out-of-network:** $45 copay
	You must use an EyeMed®´ network provider for covered in-network services.		
Eyewear (for covered eyewear, you pay any balance in excess of the $200 limit.)	**In- and out-of-network:** Our plan pays up to $200 every 24 months for eyewear.	**In- and out-of-network:** Our plan pays up to $200 every 24 months for eyewear.	**In- and out-of-network:** Our plan pays up to $200 every 24 months for eyewear.
	You must use an EyeMed®´ network provider for covered in-network services.		
Mental health services			
Inpatient visit (per admission)	**In-network:** $415 copay per day for days 1 through 5 You pay nothing for days 6 and beyond. **Out-of-network:** 50% of the cost per stay	**In-network:** $275 copay per day for days 1 through 5 You pay nothing for days 6 and beyond. **Out-of-network:** 40% of the cost per stay	**In-network:** $125 copay per day for days 1 through 5 You pay nothing for days 6 and beyond. **Out-of-network:** 20% of the cost per stay
	Authorization rules may apply per admission.		

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Outpatient group therapy visit	**In-network:** $50 copay **Out-of-network:** 50% of the cost	**In-network:** $30 copay **Out-of-network:** $40 copay	**In-network:** $25 copay **Out-of-network:** 20% of the cost
	Authorization rules may apply.		
Outpatient individual therapy visit	**In-network:** $50 copay* **Out-of-network:** 50% of the cost	**In-network:** $30 copay* **Out-of-network:** $40 copay	**In-network:** $25 copay* **Out-of-network:** 20% of the cost
	*You pay nothing for Medicare-covered services performed at home by a network provider. Authorization rules may apply. Telehealth services are only available at in-network providers.		
Additional services			
Skilled nursing facility (SNF)	Our plan covers up to 100 days in a SNF. **In-network:** You pay nothing per day for days 1 through 20. $221 copay per day for days 21 through 100 **Out-of-network:** 50% of the cost per stay	Our plan covers up to 100 days in a SNF. **In-network:** $10 copay per day for days 1 through 20. $221 copay per day for days 21 through 100 **Out-of-network:** 40% of the cost per stay	Our plan covers up to 100 days in a SNF. **In-network:** You pay nothing per day for days 1 through 20. $100 copay per day for days 21 through 44 You pay nothing per day for days 45 through 100. **Out-of-network:** 20% of the cost per stay
	Authorization rules may apply.		
Physical therapy	**In-network:** $35 copay **Out-of-network:** 50% of the cost	**In-network:** $30 copay **Out-of-network:** 40% of the cost	**In-network:** $20 copay **Out-of-network:** 20% of the cost
	Authorization rules may apply.		
Ambulance	**In-network:** $400 copay per trip **Out-of-network:** $400 copay per trip	**In-network:** $325 copay per trip **Out-of-network:** $325 copay per trip	**In-network:** $200 copay per trip **Out-of-network:** $200 copay per trip
	If you're admitted to the hospital, you don't have to pay for the ambulance services. Authorization rules may apply.		
Transportation (including chair vans)	Not covered	Not covered	Not covered

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Medicare Part B drugs (including chemotherapy)	**In- and out-of-network:** 0-20% co-insurance	**In- and out-of-network:** 0-20% co-insurance	**In- and out-of-network:** 0-10% co-insurance
	Authorization rules may apply. Select Part B drugs are subject to step therapy restrictions.		
Foot care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: **In-network:** $0-$55 copay **Out-of-network:** 50% of the cost	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: **In-network:** $0-$45 copay **Out-of-network:** 40% of the cost	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: **In-network:** $0-$40 copay **Out-of-network:** $45 copay
Diabetes supplies and services*			
Diabetes monitoring supplies	**In-network:** You pay nothing. **Out-of-network:** 20% of the cost	**In-network:** You pay nothing. **Out-of-network:** You pay nothing.	**In-network:** You pay nothing. **Out-of-network:** 20% of the cost
	Authorization rules may apply.		
Diabetes self-management training	**In-network:** You pay nothing. **Out-of-network:** 50% of the cost	**In-network:** You pay nothing. **Out-of-network:** 40% of the cost	**In-network:** You pay nothing. **Out-of-network:** 20% of the cost
Therapeutic shoes or inserts	**In-network:** You pay nothing. **Out-of-network:** 20% of the cost	**In-network:** You pay nothing. **Out-of-network:** You pay nothing.	**In-network:** You pay nothing. **Out-of-network:** 20% of the cost
	Authorization rules may apply.		

*There is no co-insurance or copayment for the Accu-Chek®´ and FreeStyle®´ blood glucose test strips and blood glucose monitors purchased at participating retail and mail service pharmacies; otherwise you pay all costs. Test strips and blood glucose monitors are also available at DME suppliers with no co-insurance or copayment. There is no co-insurance or copayment for members eligible for covered therapeutic molded shoes and inserts, diabetes self-management training preventive benefit, or fasting plasma glucose tests.

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Durable medical equipment (wheelchairs, oxygen, etc.)	In-network: 20% of the cost Out-of-network: 20% of the cost	In-network: 20% of the cost Out-of-network: 20% of the cost	In-network: 10% of the cost Out-of-network: 20% of the cost
	Authorization rules may apply.		
Prosthetic devices (braces, artificial limbs, etc.)			
Prosthetic devices	In-network: 20% of the cost Out-of-network: 20% of the cost	In-network: 20% of the cost Out-of-network: 20% of the cost	In-network: 10% of the cost Out-of-network: 20% of the cost
Related medical supplies	In-network: 20% of the cost Out-of-network: 20% of the cost	In-network: 20% of the cost Out-of-network: 20% of the cost	In-network: 10% of the cost Out-of-network: 20% of the cost
Additional allowances			
Fitness	Not covered	$100 per calendar year	$200 per calendar year
Weight loss	Not covered	$250 per calendar year	$150 per calendar year

WELLNESS PROGRAMS

Medicare PPO Blue ValueRx and Medicare PPO Blue PlusRx

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 $100 for Medicare PPO Blue ValueRx and up to $200 for Medicare PPO Blue PlusRx per calendar year toward your club membership fees and exercise classes.

WHAT PROGRAMS QUALIFY?

- Virtual/online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform.
- Home fitness equipment like stationary bikes, weights, exercise bands, treadmills, fitness machines.
- Home fitness equipment WILL NOT cover wearable fitness trackers or items that are considered recreational equipment or sports equipment. Examples include kayaks, inline skates, bicycles, ice skates, trampolines, fitness clothing, sneakers.
- Health clubs with a variety of cardiovascular and strength-training exercise equipment, e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers or facilities that only have a pool.
- Fitness classes at participating Councils on Aging (COA) facilities; fitness studios with instructor-led groups such as yoga, Pilates, Zumba®, kickboxing, CrossFit®, and indoor cycling/spinning and other exercise classes.
- Programs that DO NOT qualify: Martial arts centers; gymnastics facilities; country clubs; tennis, aerobic; social clubs; and sports teams/leagues. You cannot receive the Fitness Benefit for personal training, lessons, coaching, or clothing.

WHAT IS THE WEIGHT-LOSS BENEFIT?

Enroll in a qualified weight-loss program and receive up to $250 per calendar year toward your program fees. Employer group benefits may vary.

WHAT KINDS OF PROGRAMS QUALIFY?

- Traditional WW (formerly known as Weight Watchers®) meetings, WW Online and At Work programs, hospital-based and other non-hospital-based weight-loss programs that combine healthy eating, exercise, and coaching sessions.
- Programs that DO NOT qualify: Individual nutrition counseling sessions, pre-packaged meals, books, videos, scales, or other items and supplies.

PRESCRIPTION DRUG BENEFITS

	Medicare PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRX (PPO)
Deductible	$700 per year for Tiers 3, 4, 5	$500 per year for Tiers 3, 4, 5	$500 per year for Tiers 3, 4, 5
Initial coverage	After you pay your yearly deductible (if applicable), you pay the following until your total yearly out-of-pocket drug costs reach $2,400. 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 service pharmacies.		

	Medicare PPO Blue EssentialRx (PPO)			Medicare PPO Blue ValueRx (PPO)			Medicare PPO Blue PlusRx (PPO)		
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
Tier 1 (preferred generic)	$0 copay	$0 copay	$0 copay*	$0 copay	$0 copay	$0 copay*	$0 copay	$0 copay	$0 copay*
Tier 2 (generic)	$10 copay	$20 copay	$30 copay*	$6 copay	$12 copay	$18 copay*	$5 copay	$10 copay	$15 copay*
Tier 3 (preferred brand)	25% of the cost	25% of the cost	25% of the cost	20% of the cost	20% of the cost	20% of the cost	$42 copay	$84 copay	$126 copay
Insulin	$35	$70	$105	$35	$70	$105	$35	$70	$105
Tier 4 (non-preferred drug)	25% of the cost	25% of the cost	25% of the cost	31% of the cost	31% of the cost	31% of the cost	$95 copay	$190 copay	$285 copay
Tier 5 (specialty tier)	25% of the cost	N/A	N/A	27% of the cost	N/A	N/A	27% of the cost	N/A	N/A

*100-day supply

	Medicare PPO Blue EssentialRx (PPO)			Medicare PPO Blue ValueRx (PPO)			Medicare PPO Blue PlusRx (PPO)		
Standard 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
Tier 1 (preferred generic)	$10 copay	$20 copay	$30 copay*	$8 copay	$16 copay	$24 copay*	$6 copay	$12 copay	$18 copay*
Tier 2 (generic)	$20 copay	$40 copay	$60 copay*	$12 copay	$24 copay	$36 copay*	$10 copay	$20 copay	$30 copay*
Tier 3 (preferred brand)	25% of the cost	25% of the cost	25% of the cost	20% of the cost	20% of the cost	20% of the cost	$47 copay	$94 copay	$141 copay
Insulin	$35	$70	$105	$35	$70	$105	$35	$70	$105
Tier 4 (non-preferred drug)	25% of the cost	25% of the cost	25% of the cost	31% of the cost	31% of the cost	31% of the cost	$100 copay	$200 copay	$300 copay
Tier 5 (specialty tier)	25% of the cost	N/A	N/A	27% of the cost	N/A	N/A	27% of the cost	N/A	N/A
Mail service 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
Tier 1 (preferred generic)	$0 copay	$0 copay	$0 copay*	$0 copay	$0 copay	$0 copay*	$0 copay	$0 copay	$0 copay*
Tier 2 (generic)	$10 copay	$20 copay	$20 copay*	$6 copay	$12 copay	$12 copay*	$5 copay	$10 copay	$10 copay*
Tier 3 (preferred brand)	25% of the cost	25% of the cost	25% of the cost	20% of the cost	20% of the cost	20% of the cost	$42 copay	$84 copay	$84 copay

*100-day supply

	Medicare PPO Blue EssentialRx (PPO)			Medicare PPO Blue ValueRx (PPO)			Medicare PPO Blue PlusRx (PPO)		
Mail service cost sharing (continued)									
Insulin	$35	$70	$70	$35	$70	$70	$35	$70	$70
Tier 4 (non-preferred drug)	25% of the cost	25% of the cost	25% of the cost	31% of the cost	31% of the cost	31% of the cost	$95 copay	$190 copay	$190 copay
Tier 5 (specialty tier)	25% of the cost	N/A	N/A	27% of the cost	N/A	N/A	27% of the cost	N/A	N/A
	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 PPO Blue EssentialRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Catastrophic coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail service) reach $2,400, you pay nothing for your covered Part D drugs.		

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it's important that you fully understand our benefits and rules. We've put together the checklist below to help you. If you have any questions, you can call and speak to a customer service representative.

Understanding the benefits	
☐	Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit bluecrossma.com/medicare or call 1-800-678-2265 (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 to view a copy of the EOC.
☐	Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they aren't listed, it means you'll likely have to select a new doctor.
☐	Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy isn't listed, you'll likely have to select a new pharmacy for your prescriptions.
☐	Review the formulary to make sure your drugs are covered.
Understanding important rules	
☐	In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
☐	Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2028.
☐	Our plan allows you to see providers outside of our network (non-contracted providers). However, while we'll pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you'll pay a higher copay for services received by non-contracted providers.
Effect on current coverage	
☐	Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare®´ or a Medicare plan, you'll no longer receive benefits from that plan once your new coverage starts.

CALL US: 1-800-678-2265 (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.

Independent Licensees of the Blue Cross and Blue Shield Association.
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Contact information and hours of operation

Members

October 1–March 31
1–800–200–4255 (TTY: 711)
8:00 a.m. to 8:00 p.m., 7 days a week

April 1–September 30
1–800–200–4255 (TTY: 711)
8:00 a.m. to 8:00 p.m., 5 days a week, Monday–Friday

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 Service also has free language interpreter services available for non-English speakers.

Non-members

October 1–March 31
1–800–678–2265 (TTY: 711)
8:00 a.m. to 8:00 p.m., 7 days a week

April 1–September 30
1–800–678–2265 (TTY: 711)
8:00 a.m. to 8:00 p.m., 5 days a week, Monday–Friday

Our website: bluecrossma.com/medicare

FOR MORE INFORMATION OR HELP WITH ENROLLMENT

Medicare Plan sales

1-800-678-2265 (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.

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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