

# Choosing the Medicare plan that's right for you

## 2025 Medical and Prescription Drug Plans

The PEBC offers two Blue Cross and Blue Shield of Texas Group Retiree Medicare Advantage plans: Blue Cross Group Medicare Advantage Open Access (PPO) and Blue Cross Group Medicare Advantage (HMO). Both plans offer Part D prescription drug benefits featuring the 5 Tier Premier Formulary. You'll be covered for routine vision, hearing, private duty nursing and more. See the Summaries of Benefits for details about each plan.

If you are enrolling for the first time, you must submit a completed Retiree Health Benefit Enrollment form to your Human Resources department before your Medicare Advantage plan would become effective. You may submit the form up to 60 days in advance.

## Blue Cross Group Medicare Advantage Open Access (PPO)

This plan bundles Medicare Part A, Part B and Part D, plus extra health and wellness benefits not offered by Original Medicare. It covers most common services such as provider visits, inpatient hospital and outpatient services, emergency care, as well as prescription drugs. It coordinates your care and offers disease prevention and management resources. The plan also takes care of claims, and coordinates with Medicare.

### How it works

This is a national plan covering all eligible beneficiaries regardless of where they reside in the U.S., and 5 U.S. territories.

Because this is an open access plan, you can visit doctors, specialists and hospitals in or out of the Blue Cross and Blue Shield of Texas network for the same cost share as long as the provider is willing to see you as a patient, participates in Medicare and agrees to submit claims to the plan.

Providers will send claims to their local BCBS plan. If a provider says they are out of network or do not take the plan, show them the 'Your Providers, Your Personal Network' flyer included in this packet. It explains your group retiree plan and how to submit claims. Call before your visit to be sure your providers understand and will see you as a patient. Please note: Even providers that accept Medicare can decide which patients they want to see, except in an emergency. Some medical services may need prior authorization from the plan before the provider can proceed.

Referrals are not required to see a specialist.

## Blue Cross Group Medicare Advantage (HMO)

This plan also bundles Medicare Part A, Part B and Part D, plus extra health and wellness benefits not offered by Original Medicare. It covers most common services such as provider visits, inpatient hospital and outpatient services, emergency care, as well as prescription drugs. It coordinates your care and offers disease prevention and management resources. The plan also takes care of claims, and coordinates with Medicare.

Your care is handled by one primary care provider who knows your health history. A PCP can get to know you over time and understand your unique health needs. This relationship can improve health outcomes and reduce care costs. You may need a referral from your PCP before visiting a specialist.

### How it works

If you choose to enroll in the HMO plan, you must reside in the state of Texas. You are required to select a primary care provider (PCP) to coordinate your care. The HMO has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in the network, the plan may not pay for those services. Visit [www.bcbstx.com/retiree-medicare-tools](http://www.bcbstx.com/retiree-medicare-tools) to find a participating provider.

**Referrals are required to see a specialist.**

## Prescription Drug Benefits

Both the Open Access PPO and HMO plans include prescription drug benefits, so you will not need a separate Medicare Part D plan. Prescription drug benefits cover common outpatient medications, like those used to treat blood pressure, cholesterol, depression and arthritis. You will have a copay for each Part D prescription. There is no Part D deductible to meet before your drugs are covered.

Due to Medicare reforms, the most you will pay in 2025 for Part D drugs is \$2,000. In the years that follow, annual limits will be adjusted based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs. Review the Summary of Benefits to understand your costs.

## List of Covered Drugs (Formulary)

**Your plan has the 5 Tier Premier Formulary.**

Within the formulary, you will see that

prescription drugs are placed into tiers. The costs for drugs in each tier are different. Tier 1 includes the drugs prescribed for common conditions and usually cost the least.

## Transition Benefit

You will have a copay for each Part D prescription. There is no Part D deductible to meet before your drugs are covered. You and your provider will be alerted via mail of the transition fill and the requirements needed to continue receiving your drug. Such requirements include your provider submitting a formulary exception by calling the number on your new member ID card or filling out the formulary exception form found on [www.myprime.com](http://www.myprime.com). If the formulary exception is approved, you will pay the non-preferred drug tier cost-share.

**Please note:** Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.



### Insulin and Vaccine Costs

**Insulin:** You will not pay more than \$35 for a one-month supply of each covered insulin product. It does not matter what cost-sharing tier it is on. **Vaccines:** Your plan covers most Part D vaccines at no cost to you. The following vaccines are covered under Medicare Part D: Shingles, Tetanus/diphtheria (Td), Tetanus, diphtheria, and pertussis (whooping cough) (Tdap), Hepatitis A and Hepatitis B.

You do not need to meet any required deductible for these items.

### Pharmacies Near and Far

The BCBSTX national pharmacy network includes thousands of locations. All major national retail and grocery pharmacy chains participate in the network, including: Albertsons, Brookshire's, CVS, H-E-B, Kroger, Randalls, Tom Thumb, United Supermarkets, Walgreens, Walmart, and independents.

## Mail order and specialty network pharmacies

Once you enroll in your new plan, you will want to bookmark these websites and save the numbers to your phone:

#### Mail-Order Pharmacies

##### Walgreens Mail Service

Visit [walgreensmailservice.com](http://walgreensmailservice.com)

Call **1-877-277-7895** TTY **711**

##### Amazon Pharmacy

Visit [pharmacy.amazon.com](http://pharmacy.amazon.com)

Call **1-855-393-4279** TTY **711**

##### Express Scripts Pharmacy

Visit [www.express-scripts.com/rx](http://www.express-scripts.com/rx)

Call **1-833-599-0729** TTY **711**

#### Specialty Pharmacies

##### Walgreens Specialty Pharmacy

Visit [walgreensspecialtyrx.com](http://walgreensspecialtyrx.com)

Call **1-877-627-6337** TTY **711**

##### Accredo

Visit [www.accredo.com](http://www.accredo.com)

Call **1-833-721-1619** TTY **711**

## Managing your medications.

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the formulary.

## Medicare Prescription Payment Plan

You may opt to pay out-of-pocket drug costs, such as a copay or coinsurance, in installments instead of all at once at the pharmacy. This spreads what you pay over the course of the year. The payment plan may be helpful for people who have high cost-sharing early in the plan year. While the program is for anyone with Part D, it might not be right for everyone. Program details will be included in your welcome guide.

## Do you need financial support for your drugs?

You can apply for Extra Help any time before or after you enroll in Part D. Visit Social Security to learn more at [www.ssa.gov](http://www.ssa.gov). Choose 'Medicare,' then 'Apply for Part D Extra Help.'

## Before you enroll, you can search for your medicines online at [www.myprime.com](http://www.myprime.com).

Select 'Medicines,' then:

- 'Find medicines,' followed by
- 'Continue without sign in'

Under 'Select Your Health Plan':

- Select BCBS Texas
- Answer 'Yes'
- Scroll to the bottom of the drop-down list and select Blue Cross Group Medicare Advantage (PPO) – 5T Complete  
or  
Blue Cross Group Medicare Advantage (HMO) – 5T Complete
- Click 'Continue'

Type your medicine and dosage.

- Review the drug tier and requirements
- Refer to the Summary of Benefits for your cost

**Note:** Formularies will not be available until October 1, 2024. You will not see the HMO plan as an option until then.

## Spouse and dependent coverage

As long as a retiree enrolls in either Blue Cross Group Medicare Advantage plan, non-Medicare spouses and/or dependent(s) can remain enrolled in the PEBC PPO plan. If the non-Medicare dependent(s) are enrolled in the PEBC high deductible plan (HDP) at the time the retiree enrolls in the Medicare Advantage plan, the non-Medicare dependent(s) must change to the PEBC PPO plan to remain covered.

## About diabetic test strips

0% cost sharing is limited to diabetic testing supplies (meters and strips) obtained through the pharmacy for Lifescan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio IQ, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra.)

Prior Authorization will be required for all other diabetic testing supplies (meters and strips) and will be subject to 0% cost sharing. All test strips will also be subject to a quantity limit of 204 per 30 days.



## Additional benefits included with the Group Medicare plans.

### The SilverSneakers®† Fitness Program

The SilverSneakers Fitness Program helps you achieve your health and fitness goals with access to thousands of fitness locations plus in-person and online classes led by certified instructors.

- Call **1-888-423-4632 (TTY 711)**, Monday through Friday, 7 a.m. - 7 p.m. CT, or
- Visit **SilverSneakers.com/StartHere**, or
- Email **support@silversneakers.com**

Always talk with your doctor before starting an exercise program.

### Private Duty Nursing

Private duty nursing is provided to individuals who need skilled care and require individualized and continuous 24-hour nursing care that's more intense than what is available under the home health care benefit.

You have a \$0 copay for Medicare-covered services. (40 visits per year)

### MDLIVE Virtual Visits

Make an appointment with an independently contracted, board-certified MDLIVE provider for non-emergency medical conditions and mental health support, including therapy and psychiatric care. You can meet by phone, mobile app or online video 24 hours a day, 7 days a week.

**Note:** Your primary care provider may also offer virtual visits. Visit **www.mdlive.com/bcbstx-medicare** or call

**1-866-954-3585 (TTY 1-800-770-5531).**

### Modivcare | Non-Emergency Transportation Services

Getting to the doctor or pharmacy is easier with transportation services through Modivcare. You have a \$0 copay for up to 12 one-way visits to plan-approved locations per year. Arrange trips by calling the Customer Service number on the back of your member ID card.

### Mom's Meals | Post Discharge Meals at Home

Mom's Meals offers healthy meals to aid in your recovery for a limited period after getting discharged from an inpatient hospital stay. Your benefit includes up to 28 meals over 14 days a maximum of 3 times per year. Authorization is required after an inpatient stay. Call the Customer Service number on the back of your member ID card to arrange meals.

### 24/7 Nurseline

Your health questions can be answered by a registered nurse. This service is available 24 hours a day, 7 days a week. Get help with health concerns such as asthma, dizziness or severe headaches, high fever and more. You can reach the 24/7 Nurseline at **1-800-631-7023 (TTY 711).**



### Blue365® Discount Program

With Blue365, you may save money on health and wellness products and services such as contacts, dental care, fitness devices, glasses, healthy meals, hearing aids, clothes and shoes, and more from trusted retailers. Availability of discounts is subject to change. See all the deals and learn more at [www.blue365deals.com/bcbstx](http://www.blue365deals.com/bcbstx).

### Rewards Program

The Rewards Program gives you a healthy and easy way to earn up to \$100 in gift cards from national and local retailers. You can receive a gift card of your choice for completing Healthy Actions like having an annual check-up or getting a flu shot, throughout the year.

Visit [www.BlueRewardsTX.com](http://www.BlueRewardsTX.com) to register and learn more.

### Voluntary programs for people with chronic or complex health needs

Complex Care Management Programs include:

- Alcohol and substance abuse disorders
- Anxiety and panic disorders
- Asthma/chronic obstructive pulmonary disease
- Cancer
- Congestive heart failure
- Coronary artery disease
- Depression
- Diabetes
- Hypertension
- Schizophrenia, other psychotic disorders and ESRD (End Stage Renal Disease)

### Hearing Care

Your plan covers 1 routine hearing exam per year provided by TruHearing and a \$500 hearing aid allowance for both ears over 36 months. Visit the TruHearing website at [www.truhearing.com](http://www.truhearing.com) or call **1-844-855-9536** (TTY 711) to learn more.



Life's better when you're connected.



Better hearing helps you stay connected to the ones you love. That's why Blue Cross and Blue Shield of Texas partners with TruHearing® to give you a broad hearing care solution. Your 2025 hearing program saves you up to 60% off retail pricing.

Example Savings (per aid)

Product	Retail Price	Savings	TruHearing Price
TruHearing Advanced	\$2,720	<b>\$1,470</b>	<b>\$1,250</b>
✓ Signia 3IX	\$2,113	<b>\$763</b>	<b>\$1,350</b>
✓ Widex® SmartRIC™ 220	\$2,332	<b>\$982</b>	<b>\$1,350</b>
✓ ReSound NEXIA™ 9	\$3,047	<b>\$797</b>	<b>\$2,250</b>
Starkey® Genesis® AI 1600	\$2,129	<b>\$579</b>	<b>\$1,550</b>
✓ Phonak® Lumity® L-RL 90	\$3,349	<b>\$1,099</b>	<b>\$2,250</b>
Oticon® Real® 2	\$3,018	<b>\$1,243</b>	<b>\$1,775</b>

✓ Rechargeable | Listed products are smartphone-compatible<sup>1</sup>

You can use your 2025 TruHearing Aid Discount Program to purchase a new pair of hearing aids. See your Evidence of Coverage for hearing aid allowance and eye exam costs.

# Your journey to better hearing made easy. Get Started with **Five Simple Steps.**



1. Call  
TruHearing



2. Schedule  
an exam



3. Go to  
your exam



4. Order  
hearing aids



5. Fitting and  
follow-up

## Your hearing benefit includes:

- **60-day**, risk-free trial
- **1 year** of follow-up visits
- **80 free batteries** per non-rechargeable hearing aid
- **3-year** manufacturer warranty



### Schedule an appointment

**1-844-855-9536 | TTY 711**  
Hours: 7 a.m. - 7 p.m. CST,  
Monday - Friday

### Learn more

[www.truhearing.com/how-it-works/](http://www.truhearing.com/how-it-works/)

Or scan with  
your smartphone  
to see how it works.



<sup>1</sup>Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory.

Prices and products subject to change.

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Blue Cross Group Medicare Advantage<sup>SM</sup>

Medical Benefits	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>	Blue Cross Group Medicare Advantage (HMO) <sup>SM</sup>
Annual Combined <b>Medical</b> Deductible	\$0	\$0
Annual Combined Out-of-Pocket Maximum	\$0	\$6,700
Referral Requirement	None	None
<b>Inpatient Hospital</b>		
Inpatient Hospital — Acute	\$0 copay per stay	\$250 copay per stay
Inpatient Mental Health Care <i>Limited to 190 lifetime days</i>	\$0 copay per stay	\$250 copay per stay
<b>Skilled Nursing Facility</b>		
Benefit Period 1–20 days <i>No prior hospitalization required</i>	\$0 copay per day	\$0 copay per day
Benefit Period 21–100 days <i>Limited to 100 days per Medicare Benefit Period</i>	\$0 copay per day	\$50 copay per day
<b>Home Health/Hospice</b>		
Home Health	\$0 copay	\$0 copay
Hospice (Medicare-covered)	Covered by Original Medicare at a Medicare certified hospice facility	Covered by Original Medicare at a Medicare certified hospice facility
<b>Emergent &amp; Urgent Care</b>		
Emergency Care (Worldwide) <i>Cost share waived if admitted within 3 days for the same condition.</i>	\$0 copay	\$50 copay
Urgently Needed Services (Worldwide) <i>Cost share waived if admitted within 3 days for the same condition.</i>	\$0 copay	\$20 copay
Virtual Urgent Care — <i>Visit through MDLive</i>	\$0 copay (through MDLive only)	\$0 copay (through MDLive only)
Ambulance Services (Ground)	\$0 copay	\$50 copay
Ambulance Services (Air)	\$0 copay	\$50 copay

## Blue Cross Group Medicare Advantage<sup>SM</sup>

Medical Benefits	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>	Blue Cross Group Medicare Advantage (HMO) <sup>SM</sup>
<b>Health Care Professional Services</b>		
Primary Care Physician Services	\$0 copay	\$20 copay
Physician Specialist Services <i>Excluding Psychiatric and Radiology Services</i>	\$0 copay	\$40 copay
Other Health Care Professional Services	\$0 copay	\$20 copay/PCP \$40 copay/SPC
<b>Medicare-Covered Specialist Visits</b>		
Chiropractic Services (Medicare-covered) <i>Coverage limited to manual manipulation of the spine to correct for subluxation.</i>	\$0 copay	50% coinsurance
Podiatry Services (Medicare-covered) <i>Coverage limited to foot exams or treatment for diabetes-related nerve damage or medically necessary treatment for foot injuries or diseases.</i>	\$0 copay	\$40 copay
Acupuncture (Medicare-covered) <i>Coverage for chronic low back pain up to 12 visits in 90 days. No more than 20 acupuncture treatments may be administered annually.</i>	\$0 copay	20% coinsurance
Dental Services (Medicare-covered) <i>Coverage for inpatient hospital care for emergency or complicated dental procedures.</i>	\$0 copay	\$40 copay
Eye Exam (Medicare-covered) <i>Coverage for eye exams limited to specific condition.</i>	\$0 copay	\$40 copay
Eyewear (Medicare-covered) <i>Coverage for corrective lenses if you have cataract surgery to implant an intraocular lens - one pair of eyeglasses with standard frames or one set of contact lenses.</i>	\$0 copay	\$0 copay
Hearing Exam (Medicare-covered) <i>Coverage for diagnostic hearing and balance evaluations to determine if you need medical treatment.</i>	\$0 copay	\$40 copay

## Blue Cross Group Medicare Advantage<sup>SM</sup>

Medical Benefits	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>	Blue Cross Group Medicare Advantage (HMO) <sup>SM</sup>
<b>Outpatient Rehabilitation Services</b>		
Cardiac Rehabilitation Services <i>Maximum of 2 one-hour sessions per day up to 36 sessions in 36 weeks. Limit to 36 per year. Medicare-covered Intensive Cardiac Rehab up to 72 sessions per year.</i>	\$0 copay	\$0 copay Medicare-covered Cardiac Rehab/ \$10 copay for Medicare-covered Intensive Cardiac Rehab/ \$10 copay Supplemental Cardiac Rehab - No limits
Pulmonary Rehabilitation Services <i>Limit to 36 sessions per year</i>	\$0 copay	\$0 copay Medicare-covered \$0 copay Supplemental - No limits
Supervised Exercise Therapy for Peripheral Artery Disease <i>Up to 36 sessions in 12 weeks</i>	\$0 copay	\$0 copay
Occupational Therapy Services	\$0 copay	\$40 copay
Physical Therapy and Speech Language Pathology Services	\$0 copay	\$40 copay
<b>Outpatient Mental Health Services</b>		
Mental Health Specialty Services — <i>Individual Visit</i>	\$0 copay	\$40 copay
Mental Health Specialty Services — <i>Group Visit</i>	\$0 copay	\$40 copay
Virtual Mental Health Specialty Services — <i>Visit through MDLive</i>	\$0 copay (through MDLive only)	\$40 copay (through MDLive only)
Psychiatric Services — <i>Individual Visit</i>	\$0 copay	\$40 copay
Psychiatric Services — <i>Group Visit</i>	\$0 copay	\$40 copay
Virtual Psychiatric Services — <i>Visit through MDLive</i>	\$0 copay (through MDLive only)	\$40 copay (through MDLive only)
Partial Hospitalization	\$0 copay	\$0 copay
<b>Outpatient Substance Abuse Services</b>		
Outpatient Substance Abuse: <i>Individual Visit</i>	\$0 copay	\$40 copay
Outpatient Substance Abuse: <i>Group Visit</i>	\$0 copay	\$40 copay
Opioid Services	\$0 copay	\$0 copay



## Blue Cross Group Medicare Advantage<sup>SM</sup>

Medical Benefits	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>	Blue Cross Group Medicare Advantage (HMO) <sup>SM</sup>
<b>Outpatient Diagnostic/Therapeutic Radiation Services</b>		
Lab Services	\$0 copay	\$0 copay
Diagnostic Procedures	\$0 copay	\$0 copay
Therapeutic Radiology	\$0 copay	\$0 copay
Diagnostic Radiology Services/ X-ray	\$0 copay	\$0 copay
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$0 copay	\$0 copay
<b>Other Outpatient Services</b>		
Outpatient Observation	\$0 copay	\$0 copay
Outpatient Hospital Services	\$0 copay	\$125 copay
Outpatient Surgery/Ambulatory Surgical Center (ACS) Services	\$0 copay	\$125 copay
OP Blood Services — <i>Coverage begins with the first pint of blood</i>	\$0 copay	\$0 copay
End-Stage Renal Disease/ Dialysis Services	\$0 copay	\$0 copay
Kidney Disease Education Services	\$0 copay	\$0 copay
<b>DME, Prosthetics, Diabetic Supplies</b>		
Durable Medical Equipment (DME)	\$0 copay	\$0 copay
Prosthetics/Orthotics <i>Wig(s) w/Cancer Diagnosis</i>	\$0 copay <i>Not Covered</i>	\$0 copay <i>Not Covered</i>
Medical Supplies	\$0 copay	\$0 copay
Diabetes Supplies and Services — <i>Preferred Testing Supplies</i>	0% coinsurance	0% coinsurance
Diabetes Supplies and Services — <i>Non Preferred Testing Supplies</i>	0% coinsurance (prior authorization required)	0% coinsurance
Diabetes Supplies and Services — <i>All other supplies</i>	0% coinsurance	0% coinsurance
Therapeutic Shoes and Inserts <i>Limit to 1 pair of diabetic shoes per year; Limit to 2 pairs of inserts per year for custom fitted shoes; Limit to 3 pairs of inserts per year for off-the-shelf shoes</i>	0% coinsurance	0% coinsurance

## Blue Cross Group Medicare Advantage<sup>SM</sup>

Medical Benefits	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>	Blue Cross Group Medicare Advantage (HMO) <sup>SM</sup>
<b>Medicare Preventive Services</b>		
Medicare-covered Preventive Services	\$0 copay	\$0 copay
<b>Medicare Part B Rx Drugs</b>		
Medicare Part B Rx Drugs: Chemotherapy/Radiation	0% coinsurance	0% coinsurance
Medicare Part B Rx Drugs: Other	0% coinsurance	0% coinsurance
Home Infusion Therapy Administration	\$0 copay	\$0 copay
<b>Supplemental Benefits</b>		
<b>Routine Vision (Vendor: EyeMed)</b>		
Routine Eye Exam <i>1 routine eye exam each year</i>	\$0 copay	\$40 copay
<b>Routine Hearing (Vendor: TruHearing®)</b>		
Routine Hearing Exam <i>1 routine hearing exam provided by TruHearing each year</i>	\$0 copay	\$0 copay
Hearing Aid Allowance	\$500 Allowance	\$500 Allowance
Benefit Per Ear or Both Ears	Both Ears	Both Ears
Hearing Aid Allowance Benefit Period	36 months	36 months
<b>Other Supplemental Benefits</b>		
Annual Physical Exam	\$0 copay	\$0 copay
Routine Podiatry Services	\$0 copay (6 visits per year)	Not Covered
Private Duty Nursing	\$0 copay (40 visits per year)	\$0 copay (40 visits per year)
Post-Discharge Meal Benefit <i>(Provided by Mom's Meals)</i>	28 meals/14 days Max 3 times per year (Authorization required after inpatient stay)	28 meals/14 days Max 3 times per year (Authorization required after inpatient stay)

Blue Cross Group Medicare Advantage <sup>SM</sup>		
Medical Benefits	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>	Blue Cross Group Medicare Advantage (HMO) <sup>SM</sup>
<b>Other Supplemental Benefits</b> <i>continued</i>		
Non-Emergency Transportation Services <i>(Provided by Modivcare Solutions LLC)</i>	\$0 copay 12 one-way trip(s) to plan approved location per year	\$0 copay 12 one-way trip(s) to plan approved location per year
<b>Wellness/Clinical Programs</b>		
Fitness Program <i>(Provided by SilverSneakers®)</i>	Included	Included
Member Rewards Program <i>(Provided by Healthmine)</i>	Up to \$100 per year	Up to \$100 per year
NurseLine	Included	Included
Blue365® <i>Discount Platform</i>	Included	Included
Intensive Case Management	Included	Included
Complex Care Management Programs	Included	Included
Transplant Management Program	Included	Included
Preferred Diabetic Supply Program	Included	Included
TruHearing Aid Discount Program	Included	Included
In-Home Health Evaluations <i>(Signify Health)</i>	Included	Included



Blue Cross Group Medicare Advantage—30-day supply				
Pharmacy	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>		Blue Cross Group Medicare Advantage (HMO) <sup>SM</sup>	
Annual Part D Prescription Drug Deductible	\$0		\$0	
	Initial Coverage Stage			
	The following copays will apply up to the out-of-pocket cap			
	Retail Pharmacy	Mail Order Pharmacy	Retail Pharmacy	Mail Order Pharmacy
	30-day supply	30-day supply	30-day supply	30-day supply
	Standard	Standard	Standard	Standard
Tier 1: Preferred Generic	\$10	\$10	\$10	\$10
Tier 2: Generic	\$10	\$10	\$10	\$10
Tier 3: Preferred Brand	\$20	\$20	\$20	\$20
Tier 4: Non-Preferred Drug	\$35	\$35	\$40	\$40
Tier 5: Specialty Drug	\$35	\$35	\$40	\$40
Maximum Out-of-Pocket <i>When member reaches the maximum out-of-pocket limit, cost shares will no longer apply.</i>	\$2,000			
Catastrophic Coverage <i>Member Cost Share</i>	\$0			

Blue Cross Group Medicare Advantage—60-day supply				
Pharmacy	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>		Blue Cross Group Medicare Advantage (HMO) <sup>SM</sup>	
Annual Part D Prescription Drug Deductible	\$0		\$0	
	Initial Coverage Stage			
	The following copays will apply up to the out-of-pocket cap			
	Retail Pharmacy	Mail Order Pharmacy	Retail Pharmacy	Mail Order Pharmacy
	60-day supply	60-day supply	60-day supply	60-day supply
	Standard	Standard	Standard	Standard
Tier 1: Preferred Generic	\$20	\$20	\$20	\$20
Tier 2: Generic	\$20	\$20	\$20	\$20
Tier 3: Preferred Brand	\$40	\$40	\$40	\$40
Tier 4: Non-Preferred Drug	\$70	\$70	\$80	\$80
Tier 5: Specialty Drug	\$70	\$70	\$80	\$80
Maximum Out-of-Pocket <i>When member reaches the maximum out-of-pocket limit, cost shares will no longer apply.</i>	\$2,000			
Catastrophic Coverage <i>Member Cost Share</i>	\$0			

Blue Cross Group Medicare Advantage—90-day supply				
Pharmacy	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>		Blue Cross Group Medicare Advantage (HMO) <sup>SM</sup>	
Annual Part D Prescription Drug Deductible	\$0		\$0	
	Initial Coverage Stage			
	The following copays will apply up to the out-of-pocket cap			
	Retail Pharmacy	Mail Order Pharmacy	Retail Pharmacy	Mail Order Pharmacy
	90-day supply	90-day supply	90-day supply	90-day supply
	Standard	Standard	Standard	Standard
Tier 1: Preferred Generic	\$30	\$20	\$30	\$20
Tier 2: Generic	\$30	\$20	\$30	\$20
Tier 3: Preferred Brand	\$60	\$40	\$60	\$40
Tier 4: Non-Preferred Drug	\$105	\$70	\$120	\$80
Tier 5: Specialty Drug	\$105	\$70	\$120	\$80
Maximum Out-of-Pocket <i>When member reaches the maximum out-of-pocket limit, cost shares will no longer apply.</i>	\$2,000			
Catastrophic Coverage <i>Member Cost Share</i>	\$0			