

|  |                                  | Blue Cross Medicare Advantage<br>Basic (HMO) <sup>SM</sup><br>H8133-005 |
|--|----------------------------------|---|
| <b>Plan Premium</b>                                    |                                  | <b>\$0</b>  |
|  |                                  | <b>In-Network</b>   |
| Part B Premium Reduction                               |                                  | \$0   |
| Primary Care Provider Visits                           |                                  | \$0 Copay   |
| Specialist Visits                                      |                                  | \$26 Copay  |
| Maximum Out-of-Pocket                                  |                                  | \$3,700   |
| Inpatient Hospital Copay                               |                                  | \$325/day for days 1-6  |
| Outpatient Hospital Copay                              |                                  | \$300 maximum   |
| Labs   |                                  | \$0-\$50  |
| X-ray/CT Scan/MRI                                      |                                  | \$0-\$300   |
| Ambulance/Air Ambulance                                |                                  | \$295/20%   |
| Dental   | Routine Preventive               | \$0 Copay; 2 exams, 2 cleanings, 1 X-ray                                |
|  | Basic Restorative                | Not Covered   |
| Vision   | Routine Eye Exam                 | \$0 Copay; 1 exam/year  |
|  | Glasses/Contacts Allowance       | \$100 annual allowance  |
| Hearing  | Hearing Exam                     | \$0 Copay; 1 exam/year  |
|  | Hearing Aids                     | \$699 or \$999 Copay  |
| Pharmacy   | Preferred Retail Pharmacy Copays | \$0/\$1/18%/39%/27%   |
|  | Prescription Drug Deductible     | \$450   |
|  | Diabetic Supplies                | 0%-35% Coinsurance  |
| Over-the-Counter Items <sup>1</sup>                    |                                  | \$60 every 3 months   |
| Flexible Spend Card <sup>2</sup>                       |                                  | Not Included  |
| <b>Optional Supplemental Benefits Plan<sup>3</sup></b> |                                  | Bronze  |
| Plan Premium   |                                  | \$48.90   |
| Dental   | Annual Allowance                 | \$1,000   |
|  | Routine Preventive               | Not Included  |
|  | Basic Restorative                | 20% Coinsurance   |
|  | Major Restorative                | 20% Coinsurance   |
| Vision   | Glasses/Contacts Allowance       | Not Included  |

See reverse for additional plan options

Blue Cross Medicare Advantage<sup>SM</sup> plans Offered in the following counties

|                         |      |
|-------------------------|------|
| Basic (HMO) - H8133-005 | Webb |
|-------------------------|------|

**Plans vary by county.** Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at [www.getbluetx.com/mapd/sb](http://www.getbluetx.com/mapd/sb)

<sup>1</sup> **Over-the-Counter Items.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

<sup>2</sup> **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of \$1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

<sup>3</sup> **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

**Preferred Pharmacy Network.** Save money when you fill your covered prescriptions at a convenient preferred pharmacy, including Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's and select independent pharmacies.

**Prescription Drug Tiers:** Tier 3 – Preferred Brand

Tier 1 – Preferred Generic Tier 4 – Non-Preferred

Tier 2 – Generic Tier 5 – Specialty

**Additional Benefits:**

**Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to \$100 in gift cards from major retailers for completing Healthy Actions throughout the year. Visiting your doctor at least once a year can help you catch small health problems before they become big ones. You can earn up to \$50 in gift cards just for completing your annual wellness visit! Earn rewards with these Healthy Actions:

- Mammogram
- Annual wellness visit
- Fall risk assessment
- Colorectal cancer screening
- Retinal eye exam
- Bone density screening
- Annual flu vaccine
- Diabetic kidney and blood sugar testing

**Telehealth Benefits.** Conveniently access health care services remotely via phone, computer or tablet with \$0 copays.

HMO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). HMO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), HCSC, HISC, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC and GHSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

If you speak another language, free language assistance services are available to you. Call 1-866-292-6745 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-292-6745 (TTY: 711).