

		Blue Cross Medicare Advantage Secure (HMO) SM H9706-005	Blue Cross Medicare Advantage Dental Value (HMO) SM H9706-007	Blue Cross Medicare Advantage Value (HMO) SM H9706-009
Plan Premium		\$0	\$0	\$0
		In-Network	In-Network	In-Network
Part B Premium Reduction		\$0	\$0	\$0
Primary Care Provider Visits		\$0 Copay	\$0 Copay	\$0 Copay
Specialist Visits		\$22 Copay	\$34 Copay	\$23 Copay
Maximum Out-of-Pocket		\$4,200	\$5,200	\$4,750
Inpatient Hospital Copay		\$350/day for days 1–8	\$390/day for days 1–6	\$275/day for days 1–6
Outpatient Hospital Copay		\$325 maximum	\$375 maximum	\$250 maximum
Labs		\$0–\$50	\$0–\$50	\$0–\$50
X-ray/CT Scan/MRI		\$0–\$300	\$0–\$250	\$0–\$150
Ambulance/Air Ambulance		\$295/20%	\$275/20%	\$275/20%
Dental	Routine Preventive	\$0 Copay; 2 exams, 2 cleanings, 1 X-ray	\$0 Copay; 2 exams, 2 cleanings, 1 X-ray	\$0 Copay; 2 exams, 2 cleanings, 1 X-ray
	Basic Restorative	Not Covered	\$3,000 annually	\$1,000 annually
Vision	Routine Eye Exam	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year
	Glasses/Contacts Allowance	\$100 annual allowance	\$100 annual allowance	\$100 annual allowance
Hearing	Hearing Exam	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year
	Hearing Aids	\$699 or \$999 Copay	\$699 or \$999 Copay	\$699 or \$999 Copay
Pharmacy	Preferred Retail Pharmacy Copays	\$0/\$1/18%/38%/27%	\$0/\$1/17%/33%/25%	\$0/\$1/18%/37%/27%
	Prescription Drug Deductible	\$450	\$615	\$450
	Diabetic Supplies	0%–35% Coinsurance	0%–20% Coinsurance	0%–20% Coinsurance
Over-the-Counter Items ¹		Not Covered	\$70 every 3 months	\$50 every 3 months
Flexible Spend Card ²		Not Included	Not Included	Not Included
Optional Supplemental Benefits Plan ³		Bronze	Not Applicable	Silver
Plan Premium		\$27.20		\$30.50
Dental	Annual Allowance	\$1,000		\$1,000
	Routine Preventive	Not Included		Not Included
	Basic Restorative	20% Coinsurance		Not Included
	Major Restorative	20% Coinsurance		20% Coinsurance
Vision	Glasses/Contacts Allowance	Not Included		Not Included

See reverse for additional plan options

		Blue Cross Medicare Advantage Basic (HMO) SM H8133-005	Blue Cross Medicare Advantage Core (HMO) SM H8554-001	Blue Cross Medicare Advantage Saver (HMO) SM H9706-008
Plan Premium		\$0	\$0	\$0
		In-Network	In-Network	In-Network
Part B Premium Reduction		\$0	\$0	\$40
Primary Care Provider Visits		\$0 Copay	\$0 Copay	\$0 Copay
Specialist Visits		\$26 Copay	\$19 Copay	\$20 Copay
Maximum Out-of-Pocket		\$3,700	\$4,900	\$7,500
Inpatient Hospital Copay		\$325/day for days 1–6	\$375/day for days 1–8	\$340/day for days 1–6
Outpatient Hospital Copay		\$300 maximum	\$350 maximum	\$395 maximum
Labs		\$0–\$50	\$0–\$50	\$0–\$50
X-ray/CT Scan/MRI		\$0–\$300	\$0–\$250	\$0–\$250
Ambulance/Air Ambulance		\$295/20%	\$295/20%	\$275/20%
Dental	Routine Preventive	\$0 Copay; 2 exams, 2 cleanings, 1 X-ray	\$0 Copay; 2 exams, 2 cleanings, 1 X-ray	Not Covered
	Basic Restorative	Not Covered	\$1,000 annually	Not Covered
Vision	Routine Eye Exam	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year
	Glasses/Contacts Allowance	\$100 annual allowance	\$100 annual allowance	Not Covered
Hearing	Hearing Exam	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year
	Hearing Aids	\$699 or \$999 Copay	\$699 or \$999 Copay	\$699 or \$999 Copay
Pharmacy	Preferred Retail Pharmacy Copays	\$0/\$1/18%/39%/27%	\$0/\$1/17%/38%/27%	\$0/\$1/18%/39%/27%
	Prescription Drug Deductible	\$450	\$450	\$450
	Diabetic Supplies	0%–35% Coinsurance	0%–20% Coinsurance	0%–20% Coinsurance
Over-the-Counter Items ¹		\$60 every 3 months	\$25 every 3 months	Not Covered
Flexible Spend Card ²		Not Included	Not Included	Not Included
Optional Supplemental Benefits Plan ³		Bronze	Not Applicable	Gold
Plan Premium		\$48.90		\$33
Dental	Annual Allowance	\$1,000		\$1,000
	Routine Preventive	Not Included		0% Coinsurance
	Basic Restorative	20% Coinsurance		20% Coinsurance
	Major Restorative	20% Coinsurance		20% Coinsurance
Vision	Glasses/Contacts Allowance	Not Included		\$150 annually

See reverse for additional plan options

Blue Cross Medicare Advantage SM plans	Offered in the following counties
Secure (HMO) - H9706-005	Andrews, Borden, Childress, Coke, Crane, Crosby, Dawson, Dickens, Fisher, Floyd, Garza, Glasscock, Hockley, Howard, Irion, Kent, Lamb, Lubbock, Martin, Midland, Mitchell, Motley, Reagan, Sterling, Stonewall, Terry, Tom Green, Upton, Yoakum
Dental Value (HMO) - H9706-007	Andrews, Borden, Childress, Coke, Crane, Crosby, Culberson, Dawson, Dickens, Fisher, Floyd, Garza, Gillespie, Glasscock, Hockley, Howard, Irion, Kent, Kimble, Kinney, Lamb, Loving, Lubbock, Martin, Menard, Midland, Mitchell, Motley, Pecos, Presidio, Reagan, Reeves, Schleicher, Sterling, Stonewall, Sutton, Terry, Tom Green, Upton, Winkler, Yoakum
Value (HMO)SM - H9706-009	Culberson, Gillespie, Kimble, Kinney, Loving, Menard, Pecos, Presidio, Reeves, Schleicher, Sutton, Winkler
Basic (HMO) - H8133-005 Core (HMO) - H8554-001	El Paso
Saver (HMO) - H9706-008	Tom Green

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

- ¹ **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.
- ² **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.
- ³ **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, Albertsons, Tom Thumb, United Supermarkets, Randalls, Walmart, H-E-B, Kroger, Market Street, Amigos and select independent pharmacies.

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
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
- Fall risk assessment
- Retinal eye exam
- Annual flu vaccine
- Annual wellness visit
- Colorectal cancer screening
- Bone density screening
- 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).