

Benefit	Medex 2*	Managed Blue For Seniors*	FreedomRx PPO Medicare Advantage*
Provider Network	Can see any provider anywhere who accepts Medicare	Must see providers in the MBFS network	Can see providers in Medicare Advantage PPO network
Calendar Year Deductible	No Deductible	No Deductible	No Deductible (in and out of network)
PCP Required?	NO	YES	NO
Referral to Specialist Required?	NO	YES	NO
Preventive Care Visit	No Copayment	\$10 Copayment	No Copayment (in and out of network)
PCP Visit	No Copayment	\$10 Copayment	No Copayment (in and out of network)
Specialist Visits	No Copayment	\$10 Copayment	No Copayment (in and out of network)
Emergency Room Visit	No Copayment	\$50 Copayment - waived if admitted	No Copayment (in and out of network)
Urgent Care Visit	No Copayment	\$10 Copayment	No Copayment (in and out of network)
Inpatient Hospitalization	No Copayment	No Copayment	No Copayment (in and out of network)
Outpatient Surgery	No Copayment	\$10 Copayment	No Copayment (in and out of network)
Outpatient Mental Health / Substance Abuse	No Copayment	\$10 Copayment	No Copayment (in and out of network)
Diagnostic Testing, Lab & X-Rays	No Copayment	No Copayment	No Copayment (in and out of network)
Hospice Care	No Copayment	No Copayment	No Copayment (in and out of network)
Hearing Aids	No Hearing Aid Coverage	Coverage: up to \$2,000 per ear every 36 months	IN NETWORK ONLY: Up to 2 (one per ear) TruHearing 'Advanced' or 'Premium' brand hearing aids per year \$699 or \$999 copayment per hearing aid (per ear)
Routine Dental	No Routine Dental Coverage	No Routine Dental Coverage	\$0 copay In Network / \$45 copay Out of Network Includes one exam, cleaning and bitewing X-rays twice per calendar year
Vision Care	No Copayment (when deemed medically necessary)	\$10 Copayment for one routine vision exam per year	① \$0 copay w) EyeMed providers / \$45 copay w) other providers Up To \$200 eyewear allowance once every 24 mos
RETAIL PRESCRIPTION DRUGS (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$25 / \$50 (Blue MedicareRx' PDP - Option 29) Prescription Drug Coverage is Included	\$10 / \$25 / \$50 (Blue MedicareRx' PDP - Option 29) Prescription Drug Coverage is Included	\$10 / \$20 / \$35 Prescription Drug Coverage is Included
MAIL-ORDER MAINTENANCE DRUGS (90-day supply) Tier 1 / Tier 2 / Tier 3	\$20 / \$50 / \$110 (Blue MedicareRx' PDP - Option 29) Prescription Drug Coverage is Included	\$20 / \$50 / \$110 (Blue MedicareRx' PDP - Option 29) Prescription Drug Coverage is Included	\$20 / \$40 / \$70 Prescription Drug Coverage is Included

① Can only have the EyeMed coverage included with FreedomRx PPO Medicare Advantage, can not have any other vision coverage such as BCBS etc

* Information above has been provided for illustrative purposes only. Please refer to BCBSMA plan summaries for final benefit determinations.