

BLUE CROSS BLUE SHIELD MEDICARE PPO BLUE FREEDOMRX MEDICARE ADVANTAGE PLAN



In-network and out-of-network medical services cost you nothing! Provider office visits, emergency and urgent care, diagnostic testing, durable medical equipment, inpatient hospitalization, and outpatient surgery all have \$0 copayments! (*note: out-of-network telehealth services not covered*)

Prescription drug coverage included:

- Retail pharmacy 30-day supply in- or out-of-network: \$10 / \$20 / \$35
- Mail Order 90-day supply in- or out-of-network: \$20 / \$40 / \$70

ADDITIONAL BENEFITS FOR MEMBERS:

- Annual Physical Exams – One per Year
- Hearing Exams – Once every 12 Months (\$0 with TruHearing provider; \$45 with other provider)
- Hearing Aids – \$699 or \$999 per aid (TruHearing Advanced & Premium hearing aids only)
- Routine Dental Exams – Exams, cleanings & bitewing X-Rays twice per calendar year (\$0 in network; \$45 out-of-network)
- Routine Vision Exams – One routine refractive exam every 12 months (\$0 with EyeMed provider; \$45 with other provider)
- Vision Supplies – Eyewear every 24 months (up to \$200)