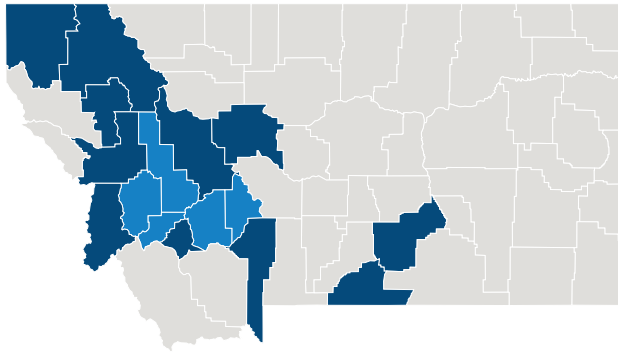




BlueCross BlueShield
of Montana

2022

Blue Cross Medicare AdvantageSM Plan



■ Expanded counties
■ Existing counties

2022 Market Highlights

- **New Open-Access PPO Plan**
- Expanded \$0 PPO offerings
- New and Enhanced EXTRA BENEFITS – Dental, OTC, Vision, and Hearing
- Lower copays for specialists
- \$0 copay at preferred pharmacies for select prescription drugs
- Vision coverage with \$0 copay on routine eye exams
- TeleHealth by MDLive
- Rewards in up to \$100 of gift cards for taking healthy actions

2022 MAPD Product Offering

Blue Cross Medicare Advantage Flex (PPO)SM

Blue Cross Medicare Advantage Classic (PPO)SM

Blue Cross Medicare Advantage Optimum (PPO)SM

Blue Cross Medicare Advantage Choice Plus (PPO)SM

Contact your BCBSMT Sales Rep or GA/NMO and learn more about:

- Virtual selling
- Online marketing tools
- Certification – Training on us!
- Product, network, extras and more
- We are here to help position you to succeed this selling season

Service Area

PPO: Broadwater*, Carbon, Cascade, Deer Lodge*, Flathead, Gallatin, Granite*, Jefferson*, Lake, Lewis and Clark, Lincoln, Missoula, Powell*, Ravalli, Silver Bow, Yellowstone

PPO Open Access Flex: Broadwater, Carbon, Cascade, Deer Lodge, Flathead, Gallatin, Granite, Jefferson, Lake, Lewis and Clark, Lincoln, Missoula, Powell, Ravalli, Silver Bow, Yellowstone

*2022 PPO Service Area Expansion



State/Market	PPO					
	Blue Cross Medicare Advantage Choice Plus (PPO) SM		Blue Cross Medicare Advantage Optimum (PPO) SM		Blue Cross Medicare Advantage Classic (PPO) SM	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Plan Premium	\$0		\$131		\$40	
Doctors Office Visits Primary Care Provider Specialist	\$10 copay \$45 copay	\$35 copay \$55 copay	\$0 copay \$30 copay	\$35 copay \$55 copay	\$5 copay \$40 copay	\$35 copay \$55 copay
Maximum Out-of-Pocket	\$4,400	\$10,000	\$3,900	\$10,000	\$4,200	\$10,000
Inpatient Hospital Copay	\$400/day copay (days 1 – 5)	35% coinsurance	\$275/day copay (days 1 – 5)	35% coinsurance	\$360/day copay (days 1 – 5)	35% coinsurance
Prescription Drug Copay	Tier 1: \$0 – \$10 copay Full coverage of Tier 1 in gap		Tier 1: \$0 – \$10 copay Full coverage of Tier 1 in gap		Tier 1: \$0 – \$10 copay Full coverage of Tier 1 in gap	
Prescription Drug Deductible	\$480 deductible Tiers 4 & 5		\$0		\$400 deductible Tiers 4 & 5	
Extra Health & Wellness Benefits						
Optional Supplemental Benefits Premium	\$40.20		Not Covered		\$35.70	
Dental Preventive Comprehensive	\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray \$1,000 allowance per year		\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray \$1,000 allowance per year		\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray \$1,000 allowance per year	
Vision Eye Exam Eye Wear	\$0 copay (routine) 1 per year \$150 allowance per year		\$0 copay (routine) 1 per year \$100 allowance per year		\$0 copay (routine) 1 per year \$150 allowance per year	
Hearing Exam Hearing Aids	\$5 copay \$1,000 allowance every 3 years		\$0 copay (routine) \$1,000 allowance every 3 years		\$5 copay \$1,000 allowance every 3 years	
Over-the-Counter (OTC) Purchase Allowance	\$25/Quarterly		\$50/Quarterly		\$50/Quarterly	
SilverSneakers Fitness Program	✓		✓		✓	
24/7 Nurseline	✓		✓		✓	
Transportation	Not Covered		Not Covered		Not Covered	
Rewards	✓		✓		✓	
Telehealth	\$0 copay – Urgent Care Only		\$0 copay – Urgent Care Only		\$0 copay – Urgent Care Only	

NOT FOR DISTRIBUTION TO BENEFICIARIES, MEMBERS, OR PROSPECTS



**BlueCross BlueShield
of Montana**

The Open Access Flex Plan offers a **SINGLE**, simple ONE CARD plan solution that...

Your client has \$0 Copays, \$0
Coinsurance, and \$0 MOOP

- No Underwriting
- Freedom of access to ANY nationwide
provider who accepts Medicare
- Plus, a comprehensive drug card
(not a discount card)
- Plus, the Flexibility of a Medicare
supplement with MAPD extras

Service Area

Broadwater, Carbon, Cascade, Deer
Lodge, Flathead, Gallatin, Granite,
Jefferson, Lake, Lewis and Clark,
Lincoln, Missoula, Powell, Ravalli,
Silver Bow, Yellowstone

Open Access MT Flex PPO Plan

The **FLEX**ibility of a Medicare supplement with the extras of a Medicare Advantage Prescription Drug Plan.

State/Market	Open Access MT Flex Plan
	Blue Cross Medicare Advantage Flex (PPO) H0107-006
Plan Premium	\$222.40
Doctors Office Visits Primary Care Provider Specialist	0% coinsurance 0% coinsurance
Maximum Out-of-Pocket	\$0
Inpatient Hospital Copay	0% coinsurance
Retail Preferred Pharmacy	\$0-\$15/\$5-\$20/\$44-\$47/25%-50%/25% Defined Standard Gap Coverage
Prescription Drug Deductible	\$480 (Tiers 3, 4 and 5)
Extra Health & Wellness Benefits	
Optional Supplemental Benefits Premium	N/A
Dental Preventive Comprehensive	Not Covered Not Covered
Vision Eye Wear Eye Exam	Not Covered Not Covered
Hearing Aids	Not Covered
Over-the-Counter (OTC) Purchase Allowance	Not Covered
SilverSneakers Fitness Program	Not Covered
24/7 Nurseline	Not Covered
Transportation	Not Covered
Rewards	Not Covered
Telehealth	MD Live \$0 copay Urgent Care Only

NOT FOR DISTRIBUTION TO BENEFICIARIES, MEMBERS, OR PROSPECTS