

RETIREES: CHOOSE THE BEST HEALTH PLAN FOR YOU!

The following is a summary of the 2021 Blue Cross Blue Shield Medicare Advantage plans available exclusively to Medicare-eligible retirees of the MMIA Health Plan. *If you chose to move to one of these Advantage Plans, or any other plan outside of the MMIA, you will not be able to come back to the MMIA Health Plan.*

For more information about MMIA-sponsored Group Medicare Advantage Plans or other Medicare questions, contact Wendy Nelson at 406-969-3000 or wendy@justaskwendy.com.

	Plan Year: 1/1/21-12/31/21 (Benefits for In-Network Providers)		
Medical Benefits*	Advantage Plan - High	Advantage Plan - Medium	Advantage Plan - Low
Monthly Premium for Retiree Only	\$120.10	\$64.40	\$49.50
Annual Deductible	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$2,500	\$5,000	\$6,700
Preventive Services	No Copay	No Copay	No Copay
Primary Care Visit	\$10 Copay	\$20 Copay	\$25 Copay
Specialist Office Visit	\$25 Copay	\$50 Copay	\$50 Copay
Physical Therapy	\$25 Copay	\$40 Copay	\$40 Copay
Urgent Care	\$40 Copay	\$40 Copay	\$40 Copay
Emergency Room	\$90 Copay	\$90 Copay	\$90 Copay
Ambulance	\$200 Copay	\$200 Copay	\$200 Copay
Home Health Care	No Copay	No Copay	No Copay
Hospice Care	No Copay	No Copay	No Copay
Inpatient Hospital	\$125/day (Days 1-7)	\$250/day (Days 1-7)	\$250/day (Days 1-7)
Skilled Nursing Facility	\$0 Copay (1-20 days) \$178/day (21-100 days)	\$0 Copay (1-20 days) \$178/day (21-100 days)	\$0 Copay (1-20 days) \$178/day (21-100 days)
Prescription Benefits For 30 Day Supply* at In-Network Pharmacies			
Deductible	\$0		
Preferred Generic	\$0 Copay		
Non-Preferred Generic	\$6 Copay		
Preferred Brand	\$39 Copay		
Non-Preferred Brand	\$85 Copay		
Specialty	33% up to \$4,130 15% from \$4,130 to \$6,550 5% after \$6,550		
Dental, Vision and Hearing Benefits*			
Dental	\$5 Copay Preventive; 100% plan paid Basic/Restorative	\$5 Copay Preventive; \$50 Copay Medicare- covered services	No Preventive; \$50 Copay Medicare- covered services
Eye Exams	\$10 Copay routine eye exam; \$0 Copay Medicare-covered services		
Eye Wear	\$0 Copay eyeglass lenses; \$150 allowance on frames and contact lenses; \$40 Copay Medicare-covered services	\$0 Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$0 Copay Medicare-covered services	\$0 Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$0 Copay Medicare-covered services
Hearing Exams	\$15 Copay Medicare- covered exam; \$15 Copay for one routine exam/year	\$15 Copay Medicare- covered exam; \$15 Copay for one routine exam/year	\$40 Copay for Medicare- covered services only
Hearing Aids	\$1,000 hearing aid allowance every 3 years	\$500 hearing aid allowance every 3 years	Not Covered

*The above information is for comparison purposes and is not a guarantee of benefits. For full benefit information, see the Summary Plan Documents.