

## RETIREES: CHOOSE THE BEST HEALTH PLAN FOR YOU!

The following is a summary of the 2022 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](mailto:wendy@justaskwendy.com).

	<b>Plan Year: 1/1/22-12/31/22 (Benefits for In-Network Providers)</b>		
<b>Medical Benefits*</b>	<b>Advantage Plan - High</b>	<b>Advantage Plan - Medium</b>	<b>Advantage Plan - Low</b>
<b>Monthly Premium for Retiree Only</b>	<b>\$121.30</b>	<b>\$65.00</b>	<b>\$50.00</b>
<b>Annual Deductible</b>	N/A	N/A	N/A
<b>Annual Out-of-Pocket Maximum</b>	\$2,500	\$5,000	\$6,700
<b>Preventive Services</b>	No Copay	No Copay	No Copay
<b>Primary Care Visit</b>	\$10 Copay	\$20 Copay	\$25 Copay
<b>Specialist Office Visit</b>	\$25 Copay	\$50 Copay	\$50 Copay
<b>Physical Therapy</b>	\$25 Copay	\$40 Copay	\$40 Copay
<b>Urgent Care</b>	\$40 Copay	\$40 Copay	\$40 Copay
<b>Emergency Room</b>	\$90 Copay	\$90 Copay	\$90 Copay
<b>Ambulance</b>	\$200 Copay	\$200 Copay	\$200 Copay
<b>Home Health Care</b>	No Copay	No Copay	No Copay
<b>Hospice Care</b>	No Copay	No Copay	No Copay
<b>Inpatient Hospital</b>	\$125/day (Days 1-7)	\$250/day (Days 1-7)	\$250/day (Days 1-7)
<b>Skilled Nursing Facility</b>	\$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)
<b>Prescription Benefits For 30 Day Supply* at In-Network Pharmacies</b>			
<b>Deductible</b>	\$0		
<b>Preferred Generic</b>	\$0 Copay		
<b>Non-Preferred Generic</b>	\$6 Copay		
<b>Preferred Brand</b>	\$39 Copay		
<b>Non-Preferred Brand</b>	\$85 Copay		
<b>Specialty</b>	33% up to \$4,430 15% from \$4,430 to \$7,050 5% after \$7,050		
<b>Dental, Vision and Hearing Benefits*</b>			
<b>Dental</b>	\$5 Copay Preventive; 100% plan paid Basic/Restorative	\$5 Copay Preventive; \$50 Copay Medicare- covered services	No Preventive; \$50 Copay Medicare- covered services
<b>Eye Exams</b>	\$10 Copay routine eye exam; \$0 Copay Medicare-covered services		
<b>Eye Wear</b>	\$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
<b>Hearing Exams</b>	\$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
<b>Hearing Aids</b>	\$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.