

## RETIREES: Medicare Advantage Plan

The following is a summary of the 2024 Blue Cross Blue Shield Medicare Advantage plans available exclusively to Medicare eligible retirees of the MMIA Health Plan. *Beginning January 1, 2024, all retirees that are Medicare eligible must terminate coverage on an 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: 1/1/24-12/31/24 (Benefits for In-Network Providers)</b>		
<b>Medical Benefits*</b>	<b>Advantage - Premium</b>	<b>Advantage – Value Plus</b>	<b>Advantage - Value</b>
<b>Monthly Premium for Retiree Only</b>	<b>\$126.70</b>	<b>\$67.00</b>	<b>\$51.50</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 \$5,030 15% from \$5,030 to \$8,000		
<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.