RETIREES: Medicare Advantage Plan

The following is a summary of the 2025 Blue Cross Blue Shield Medicare Advantage plans available exclusively to Medicare eligible retirees of the MMIA Health Plan. Beginning January 1, 2025, 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.

Medical Benefits* Advantage - Premium Advantage - Value Plus Advantage - Value		Plan Year: 1/1/25-12/31/25 (Benefits for In-Network Providers)			
Retiree Only Annual Deductible Annual Out-of-Pocket Maximum Preventive Services No Copay Primary Care Visit \$10 Copay \$20 Copay \$20 Copay \$50 Copay Physical Therapy Physical Therapy Physical Therapy Physical Therapy Urgent Care \$40 Copay \$20 Copay \$40 Copay \$40 Copay \$40 Copay \$40 Copay \$40 Copay Emergency Room \$90 Copay \$90 Copay \$90 Copay Ambulance \$200 Copay \$90 Copay \$90 Copay No Copay No Copay No Copay No Copay Phome Health Care No Copay No Copay No Copay No Copay No Copay Prescription Benefits For 30 Day Supply at In-Network Pharmacies Max OOP \$2,000 Deductible Preferred Generic Preferred Generic Non-Preferred Generic Preferred Brand Non-Preferred Generic Preferred Brand Specialty S5 Copay Preventive; 100% plan paid Basic/Restorative S5 Copay Medicare-covered services \$150 Copay Medicare-covered services	Medical Benefits*		•		
Annual Out-of-Pocket Maximum Preventive Services No Copay Primary Care Visit Specialist Office Visit Specialist Sp		\$133.00	\$70.35	\$54.10	
Maximum S2,500 S5,000 S6,700	Annual Deductible	N/A	N/A	N/A	
Primary Care Visit Specialist Office Visit Specialist Special		\$2,500	\$5,000	\$6,700	
Specialist Office Visit \$25 Copay \$50 Copay \$50 Copay Physical Therapy \$25 Copay \$40 Cop	Preventive Services	No Copay	No Copay	No Copay	
Physical Therapy Urgent Care Emergency Room \$40 Copay \$4		\$10 Copay	\$20 Copay	\$25 Copay	
Berring Aids \$40 Copay \$	•				
Emergency Room		\$25 Copay	\$40 Copay	\$40 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) \$250/day (Days 1-7) \$3178/day (21-100 days) \$178/day (21-100 days)	Urgent Care	\$40 Copay	\$40 Copay	\$40 Copay	
Home Health Care Hospice Care No Copay Hospice Care No Copay Inpatient Hospital \$125/day (Days 1-7) \$250/day (Days 1-7) \$250/d	Emergency Room	\$90 Copay	\$90 Copay	\$90 Copay	
Hospice Care No Copay No Copay No Copay	Ambulance	\$200 Copay	\$200 Copay	\$200 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) \$178/day	Home Health Care	No Copay	No Copay	No Copay	
Skilled Nursing Facility \$0 Copay (1-20 days) \$178/day (21-100 days)	Hospice Care	No Copay	No Copay	No Copay	
Prescription Benefits For 30 Day Supply at In-Network Pharmacies Max OOP \$2,000 Deductible Preferred Generic Non-Preferred Brand Non-Preferred Brand Non-Preferred Brand Specialty S5 Copay Preventive; 100% plan paid Basic/Restorative Eye Exams S0 Copay Preventive; 100% plan paid Basic/Restorative S5 Copay Medicare-covered services S0 Copay Medicare-covered services \$5 Copay Medicare-covered services \$0 Copay Medicare-covered services \$0 Copay Medicare-covered services \$0 Copay Medicare-covered services \$0 Copay Medicare-covered services \$150 Copay	Inpatient Hospital	\$125/day (Days 1-7)	\$250/day (Days 1-7)	\$250/day (Days 1-7)	
Prescription Benefits For 30 Day Supply at In-Network Pharmacies Max OOP \$2,000 Deductible Preferred Generic Non-Preferred Generic Preferred Brand Non-Preferred Brand Specialty Specialt	•				
Deductible \$0 Copay					
Preferred Generic Non-Preferred Brand Non-Preferred Brand Specialty Specialty Specia					
Non-Preferred Brand \$39 Copay					
Specialty Specialty	Non-Preferred Generic				
Specialty 33% up to \$2,000 then covered at 100%	Preferred Brand	\$39 Copay			
Dental, Vision and Hearing Benefits* \$5 Copay Preventive;	Non-Preferred Brand	\$85 Copay			
## Paring Aids	Specialty	33% up to \$2,000 then covered at 100%			
## Paring Aids Dental	Dental, Vision and Hearing Benefits*				
## Stands ### Stands #	Dental	100% plan paid	\$50 Copay Medicare-	\$50 Copay Medicare-	
## So Copay eyeglass lenses; \$150 allowance on frames and contact lenses; \$40 Copay Medicare-covered services ### Hearing Aids ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$00 Copay Medicare-covered services ### So Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$100 allowance on frames	Eye Exams				
## Standard \$15 Copay Medicare- Covered exam; \$15 Copay \$15 Copay Medicare- Covered exam; \$15 Copay \$15 Copay Medicare- Covered exam; \$15 Copay \$40 Copay for Medicare- Covered exam; \$15 Copay for Medica	Eye Wear	\$0 Copay eyeglass lenses; \$150 allowance on frames and contact lenses; \$40 Copay Medicare-covered	\$0 Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$0 Copay Medicare-covered	\$0 Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$0 Copay Medicare-covered	
Hearing Aids \$1,000 hearing aid \$500 hearing aid Not Covered	Hearing Exams	\$15 Copay Medicare- covered exam; \$15 Copay	\$15 Copay Medicare- covered exam; \$15 Copay	\$40 Copay for Medicare-	
	Hearing Aids	\$1,000 hearing aid	\$500 hearing aid	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.