

**2020 Montana Association of  
Counties Health Care Trust – MACoHCT  
BCBSMT Group Medicare Advantage  
Prescription Drug Plan (MAPD)**



**2020 Group MAPD Summary of Benefits**

- ◆ \$232.90 monthly premium per enrollee for medical, prescription drug, dental & vision benefits
- ◆ No deductible
- ◆ Preferred Provider Network (PPO) - allows you the choice of using in-network or out-of-network providers. Using BCBSMT in-network providers will provide the lowest out-of-pocket costs
- ◆ Exercise and Healthy Aging Program with no annual fee
- ◆ Over-the-counter pharmacy benefit card - \$20/month at participating retailers
- ◆ Wellness reward - you can earn up to \$25/quarter for having your annual wellness exam, health screenings, utilizing a 90-day refill on eligible medications, etc.

**In-Network Benefits - Medical**

- ◆ No deductible
- ◆ \$0 - Physician office copay
- ◆ \$0 - Specialist office copay
- ◆ \$0 - X-ray, lab & diagnostic copay
- ◆ \$0 - Inpatient hospital copay per day
- ◆ \$0 - Outpatient hospital services
- ◆ \$80 - Emergency room copay
- ◆ \$40 - Urgent Care copay
- ◆ \$0 Annual maximum out-of-pocket

**Out-of-Network Benefits - Medical**

- ◆ No deductible
- ◆ 10% - Physician office coinsurance
- ◆ 10% - Specialist office coinsurance
- ◆ 10% - X-ray, lab & diagnostic coinsurance
- ◆ 10% - Inpatient hospital coinsurance
- ◆ 10% - Outpatient hospital services coinsurance
- ◆ \$80 - Emergency room copay
- ◆ \$40 - Urgent Care copay
- ◆ \$5,100 Annual maximum out-of-pocket

**Prescription Drug Benefit**

- ◆ \$0 deductible
- ◆ Tier 1 (preferred generic) - \$0 preferred pharmacy/\$5 non-preferred pharmacy
- ◆ Tier 2 (non-preferred generic) - \$6 preferred pharmacy/\$11 non-preferred pharmacy
- ◆ Tier 3 (preferred brand) - \$39 preferred pharmacy/\$44 non-preferred pharmacy
- ◆ Tier 4 (non-preferred pharmacy) - \$85 preferred pharmacy/\$95 non-preferred pharmacy
- ◆ Tier 5 (specialty) - 33% coinsurance up to \$4,020 out of pocket, then 15% coinsurance up to \$6,350 out of pocket
- ◆ Above copays apply when in the Coverage Gap (donut hole)
- ◆ Catastrophic coverage phase - after yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and/or mail order) reach \$6,350, you pay the greater of 5% of the cost, or \$3.60 copay for generics (including brand drugs treated as generic) and \$8.95 for all other drugs
- ◆ Mail order available

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**Enhanced Benefits**

- ◆ Dental/preventive & restorative - \$5 copay for annual exam/cleaning 2x year, 1 x-ray every year; \$1,000 annual max for basic and major restorative services (fillings, crowns, etc)
- ◆ Vision - \$10 copay for routine annual eye exam; \$150 allowance on frames and/or contact lenses every 2 years (EyeMed® network)
- ◆ Hearing exam/hearing aids - \$0 copay for annual routine hearing exam; discount on cost of certain brands of hearing aids; \$1,000 hearing aid allowance every 3 years (TruHearing®)

**Wellness Incentives/Rewards**

- ◆ Exercise and Healthy Aging Program with no annual fee (SilverSneakers®)
- ◆ \$20/month debit card for over-the-counter (OTC) medications/supplies at participating retailers
- ◆ Earn up to \$100 in pharmacy gift cards for participating in wellness/preventive screenings, annual exam, etc
- ◆ 24/7 Nurseline

**Provider, Pharmacy, Dental, Vision Networks**

- ◆ You can access the BCBSMT Medicare Advantage PPO provider, dental and vision networks at: [https://www.bcbsmt.com/medicare/mapd\\_provider.html](https://www.bcbsmt.com/medicare/mapd_provider.html)
- ◆ You can access the BCBSMT Medicare Advantage PPO drug formulary list at: [https://www.bcbsmt.com/medicare/mapd\\_drug\\_coverage.html](https://www.bcbsmt.com/medicare/mapd_drug_coverage.html)

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BCBSMT Medicare Advantage coverage utilizes a Medicare Advantage PPO to deliver the highest level of benefits available. You'll pay the least amount of out of pocket costs by using a select network of providers who have partnered with BCBSMT to ensure you receive the right treatment at the right time and to help you manage your care to avoid preventable diseases. You always have the option to use providers not in the PPO but your out of pocket costs may be higher.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit and the Silver&Fit logo are federally registered trademarks of ASH and used with permission herein. TruHearing is a registered trademark of TruHearing, Inc, which is an independent company providing discounts on hearing aids.

