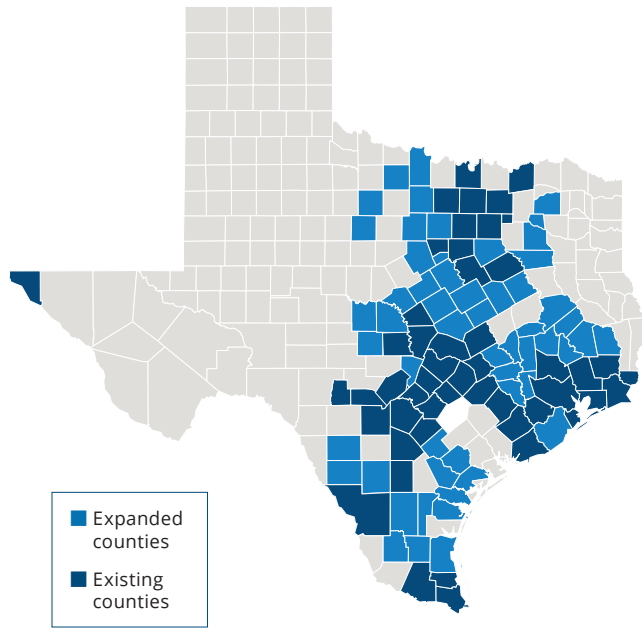




BlueCross BlueShield
of Texas

2022

Blue Cross Medicare AdvantageSM Plan



2022 Market Highlights

- **New Open-Access PPO Plan**
- Expanded \$0 PPO offerings
- New and Enhanced EXTRA BENEFITS – Dental, OTC, Vision, and Hearing
- Lower copays for specialists
- \$0 copay at preferred pharmacies for select prescription drugs
- Vision coverage with \$0 copay on routine eye exams
- TeleHealth by MDLive
- Rewards in up to \$100 of gift cards for taking healthy actions

2022 MAPD Product Offering

Blue Cross Medicare Advantage Flex (PPO)SM

Blue Cross Medicare Advantage Basic (HMO)SM

Blue Cross Medicare Advantage Choice Plus (PPO)^{SM*}

Blue Cross Medicare Advantage Choice Premier (PPO)^{SM*}

Blue Cross Medicare Advantage Classic (PPO)SM

Blue Cross Medicare Advantage Value (HMO)SM

Contact your BCBSTX Sales Rep or GA/NMO and learn more about:

- Virtual selling
- Online marketing tools
- Certification – Training on us!
- Product, network, extras and more
- We are here to help position you to succeed this selling season

Service Area Expansion

HMO: Brazoria, Ellis, Johnson, Parker, Rockwell, Waller

PPO: Archer, Austin, Bee, Bell, Blanco, Bosque, Burleson, Brazoria, Brazos, Brooks, Clay, Coryell, Dimmit, Duval, Ellis, Erath, Falls, Freestone, Galveston, Goliad, Grimes, Hamilton, Henderson, Hopkins, Houston, Jack, Jefferson, Jim Hogg, Jim Wells, Karnes, Kenedy, La Salle, Limestone, Madison, Mason, McCulloch, McLennan, Mills, Montgomery, Nueces, Orange, Palo Pinto, Parker, Polk, Rains, Refugio, San Jacinto, San Patricio, San Saba, Schakelford, Somervell, Throckmorton, Trinity, Tyler, Van Zandt, Waller, Washington, Webb, Zavala

*More product offerings are available - check the Summary of Benefits for additional information.

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	Blue Cross Medicare Advantage Value (HMO) H9706-003	Blue Cross Medicare Advantage Choice Plus (PPO) H1666-004		Blue Cross Medicare Advantage Classic (PPO) H4801-003	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Premium	\$0	\$0		\$0	\$0
Doctors Office Visits					
Primary Care Provider	\$0 copay	\$10 copay	50% coinsurance	\$20 copay	\$25 copay
Specialist	\$35 copay	\$50 copay	50% coinsurance	\$50 copay	\$65 copay
Maximum Out-of-Pocket	\$6,700	\$7,550	\$11,300	\$6,400	\$11,300
Inpatient Hospital Copay	\$275/day (days 1-5)	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/\$47/\$100/31% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1	
Prescription Drug Deductible	\$100 Ded (Tiers 4 and 5)	\$480 (Tiers 3-5)		\$480 (Tiers 3-5)	
Extra Health & Wellness Benefits					
Optional Supplemental Benefits Premium	N/A	N/A		\$31.60	
Dental					
Preventive	\$0 copay	Not Covered		\$0 copay	
Comprehensive	2 exams, 2 cleanings, 1 X-ray \$500 Allowance/Year			2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
Vision					
Eye Wear	\$0 copay Medicare Covered	Not Covered	Not Covered	\$0 copay Medicare Covered	\$0 copay Medicare Covered
Eye Exam	\$100 allowance per year \$0 copay (routine) 1 per year	\$0 copay (routine) 1 per year	\$40 allowance	\$125 allowance per year \$0 copay (routine) 1 per year	\$125 allowance per year \$40 allowance
Hearing Aids	\$699 Advanced \$999 Premium	Not Covered		\$1,000 hearing aid allowance/every 3 years	
Over-the-Counter (OTC) Purchase Allowance	\$50 / Quarterly	Not Covered		Not Covered	
SilverSneakers®† Fitness Program	✓	✓	✓	✓	✓
24/7 Nurse Line	✓	✓	✓	✓	✓
Transportation	12 one-way trips	Not Covered		Not Covered	
Rewards	✓	✓		✓	✓
Telehealth	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only



	Blue Cross Medicare Advantage Value (HMO) H9706-001	Blue Cross Medicare Advantage Choice Plus (PPO) H1666-005		Blue Cross Medicare Advantage Classic (PPO) H4801-001	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Premium	\$0	\$0	\$0	\$0	\$0
Doctors Office Visits					
Primary Care Provider	\$0 copay	\$10 copay	50% coinsurance	\$0 copay	\$25 copay
Specialist	\$20 copay	\$50 copay	50% coinsurance	\$50 copay	\$65 copay
Maximum Out-of-Pocket	\$3,400	\$7,500	\$11,300	\$6,500	\$11,300
Inpatient Hospital Copay	\$275/day (days 1-5)	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/\$47/\$100/33% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1	
Prescription Drug Deductible	\$0 Ded	\$480 (Tiers 3-5)		\$480 (Tiers 3-5)	
Extra Health & Wellness Benefits					
Optional Supplemental Benefits Premium	N/A	N/A		\$40.50	
Dental					
Preventive	\$0 copay	\$0 copay		Optional Supplemental Available \$0 copay (1 routine eye exam)	Optional Supplemental Available \$40 allowance
Comprehensive	2 exams, 2 cleanings, 1 x-ray \$750 Allowance/Year	2 exams, 2 cleanings, 1 x-ray Not Covered			
Vision					
Eye Wear	\$0 copay Medicare Covered	Not Covered \$0 copay (1 routine eye exam 1 per year)	Not Covered \$40 allowance	Optional Supplemental Available \$0 copay (1 routine eye exam)	Optional Supplemental Available \$40 allowance
Eye Exam	\$100 allowance per year \$0 copay (routine) 1 per year				
Hearing Aids	\$699 Advanced \$999 Premium	Not Covered		Optional Supplemental Available	
Over-the-Counter (OTC) Purchase Allowance	\$50 / Quarterly	Not Covered		Not Covered	
SilverSneakers®† Fitness Program	✓	✓	✓	✓	✓
24/7 Nurse Line	✓	✓	✓	✓	✓
Transportation	12 one-way trips	Not Covered		Not Covered	
Rewards	✓	✓		✓	✓
Telehealth	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only		MD Live \$0 copay Urgent Care Only	

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	Blue Cross Medicare Advantage Value (HMO) H9706-005	Blue Cross Medicare Advantage Basic (HMO) H8133-001	Blue Cross Medicare Advantage Choice Plus (PPO) H1666-006		Blue Cross Medicare Advantage Classic (PPO) H4801-002	
			In-Network	Out of Network	In-Network	Out of Network
Plan Premium	\$0	\$0	\$0	\$0	\$0	\$0
Doctors Office Visits Primary Care Provider Specialist	\$0 copay \$30 copay	\$0 copay \$30 copay	\$20 copay \$50 copay	50% coinsurance 50% coinsurance	\$20 copay \$50 copay	\$25 copay \$65 copay
Maximum Out-of-Pocket	\$3,400	\$3,400	\$7,500	\$11,300	\$6,500	\$11,300
Inpatient Hospital Copay	\$295/day (days 1-6)	\$295/day (days 1-6)	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/25% Full Coverage Tier 1		\$0-\$10/\$10-\$20/ \$47/\$100/25% Full Coverage Tier 1	
Prescription Drug Deductible	\$0 Ded	\$0 Ded	\$480 (Tiers 3-5)		\$480 (Tiers 3-5)	
Extra Health & Wellness Benefits						
Optional Supplemental Benefits Premium	N/A	N/A	N/A		\$31.30	
Dental Preventive Comprehensive	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$1,000 Allowance/Year	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$1,000 Allowance/Year	Not Covered		\$0 copay 2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
Vision Eye Wear Eye Exam	\$0 copay Medicare Covered \$150 allowance per year \$0 copay (routine) 1 per year	\$0 copay Medicare Covered \$150 allowance per year \$0 copay (routine) 1 per year	Not Covered \$0 copay (1 routine eye exam 1 per year)	Not Covered \$40 allowance	\$0 copay Medicare Covered \$125 yearly allowance \$0 copay (routine) 1 per year	\$0 copay Medicare Covered \$125 yearly allowance \$40 allowance
Hearing Aids	\$699 Advanced \$999 Premium	\$699 Advanced \$999 Premium	Not Covered		\$1,000 hearing aid allowance/every 3 years	
Over-the-Counter (OTC) Purchase Allowance	\$75/Quarterly	\$75/Quarterly	Not Covered		Not Covered	
SilverSneakers Fitness Program	✓	✓	✓	✓	✓	✓
24/7 Nurseline	✓	✓	✓	✓	✓	✓
Transportation	12 one-way trips	12 one-way trips	Not Covered		Not Covered	
Rewards	✓	✓	✓		✓	✓
Telehealth	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only

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	Blue Cross Medicare Advantage Value (HMO) H8554-001	Blue Cross Medicare Advantage Choice Premier (PPO) H1666-008		Blue Cross Medicare Advantage Classic (PPO) H4801-004	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Premium	\$0	\$0	\$0	\$0	\$0
Doctors Office Visits					
Primary Care Provider	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	\$25 copay
Specialist	\$25 copay	\$35 copay	50% coinsurance	\$50 copay	\$65 copay
Maximum Out-of-Pocket	\$3,200	\$7,550	\$11,300	\$6,400	\$11,300
Inpatient Hospital Copay	\$200/day (days 1-6)	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/\$47/\$100/33% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/28% Full Coverage of Tier 1	
Prescription Drug Deductible	\$0 Ded	\$350 (Tiers 3-5)		\$295 (Tiers 3-5)	
Extra Health & Wellness Benefits					
Optional Supplemental Benefits Premium	N/A	N/A		\$28.10	
Dental					
Preventive	\$0 copay	\$0 copay		\$0 copay	
Comprehensive	2 exams, 2 cleanings, 1 x-ray \$2,000 Allowance/Year	2 exams, 2 cleanings, 1 x-ray Not Covered		2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
Vision					
Eye Wear	\$0 copay Medicare Covered	\$0 Copay Medicare Covered	\$0 Copay Medicare Covered	\$0 Copay Medicare Covered	\$0 Copay Medicare Covered
Eye Exam	\$150 allowance per year \$0 copay (routine) 1 per year	\$100 allowance per year \$0 copay (1 routine eye exam per year)	\$100 allowance per year \$40 allowance	\$100 allowance per year \$0 copay (1 routine eye exam per year)	\$105 allowance per year \$40 allowance
Hearing Aids	\$699 Advanced \$999 Premium	Not Covered		\$1,000 hearing aid allowance/every 3 years	
Over-the-Counter (OTC) Purchase Allowance	\$100 / Quarterly	Not Covered		\$25 / Quarterly	
SilverSneakers®† Fitness Program	✓	✓	✓	✓	✓
24/7 Nurse Line	✓	✓	✓	✓	✓
Transportation	24 one-way trips	Not Covered		Not Covered	
Rewards	✓	✓	✓	✓	✓
Telehealth	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only

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	Blue Cross Medicare Advantage Basic (HMO) H8133-003	Blue Cross Medicare Advantage Value (HMO) H8554-001	Blue Cross Medicare Advantage Classic (PPO) H4801-005		Blue Cross Medicare Advantage Classic (PPO) H4801-006	
			In-Network	Out of Network	In-Network	Out of Network
Plan Premium	\$0	\$0	\$0	\$0	\$0	\$0
Doctors Office Visits Primary Care Provider Specialist	\$0 copay \$30 copay	\$0 copay \$25 copay	\$0 copay \$40 copay	\$25 copay \$65 copay	\$0 copay \$50 copay	\$25 copay \$65 copay
Maximum Out-of-Pocket	\$3,400	\$3,200	\$5,900	\$11,300	\$5,900	\$11,300
Inpatient Hospital Copay	\$200/day (days 1-6)	\$200/day (days 1-6)	\$375/day (days 1-5)	50% coinsurance	\$375/day (days 1-5)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/\$47/\$100/28% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/33% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1	
Prescription Drug Deductible	\$255 Ded (Tier 4-5)	\$0 Ded	\$350 Ded (Tier 3-5)		\$350 Ded (Tier 3-5)	
Extra Health & Wellness Benefits						
Optional Supplemental Benefits Premium	N/A	N/A	N/A		\$27.50	
Dental Preventive Comprehensive	Not Covered Not Covered	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$2,000 Allowance/Year	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$1,000 Allowance/Year		\$0 copay 2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
Vision Eye Wear Eye Exam	\$0 copay eyeglass lenses \$130 allowance per year \$0 copay (routine) 1 per year	\$150 allowance per year \$0 copay (routine) 1 per year	\$150 allowance per year \$0 copay (routine) 1 per year	\$150 allowance per year \$40 allowance	\$125 allowance per year \$0 copay (routine) 1 eye exam per year	\$125 allowance per year \$40 allowance
Hearing Aids	\$699 Advanced \$999 Premium	\$699 Advanced \$999 Premium	\$1,000 Allowance/3 Years		\$1,000 Allowance/3 Years	
Over-the-Counter (OTC) Purchase Allowance	Not Covered	\$100/Quarterly	\$25/Quarterly		Not Covered	
SilverSneakers Fitness Program	✓	✓	✓	✓	✓	✓
24/7 Nurseline	✓	✓	✓	✓	✓	✓
Transportation	Not Covered	24 one-way trips	Not Covered		Not Covered	
Rewards	✓	✓	✓	✓	✓	✓
Telehealth	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only

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State/Market	TX Plans - South, Southeast	South, Southeast Texas	South, Southeast Texas			
	Blue Cross Medicare Advantage Value (HMO) H8554-001	Blue Cross Medicare Advantage Basic (HMO) H8133-005	Blue Cross Medicare Advantage Classic (PPO) H4801-006		Blue Cross Medicare Advantage Classic (HMO) H4801-010	
			In-Network	Out of Network	In-Network	Out of Network
Plan Premium	\$0	\$0	\$0	\$0	\$0	\$0
Doctors Office Visits Primary Care Provider Specialist	\$0 copay \$25 copay	\$0 copay \$30 copay	\$0 copay \$50 copay	\$25 copay \$65 copay	\$20 copay \$50 copay	\$25 copay \$65 copay
Maximum Out-of-Pocket	\$3,200	\$3,400	\$5,900	\$11,300	\$6,500	\$11,300
Inpatient Hospital Copay	\$200/day (days 1-5)	\$350/day <small>40 copay 2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available</small>	\$375/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/\$47/\$100/33% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1	\$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1	
Prescription Drug Deductible	\$0 Ded	\$480 Ded (Tier 3-5)	\$350 Ded (Tier 3-5)		\$480 Ded (Tier 3-5)	
Extra Health & Wellness Benefits						
Optional Supplemental Benefits Premium	N/A	N/A	\$27.50		\$32.60	
Dental Preventive Comprehensive	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$2,000 Allowance/Year	Not Covered Not Covered	\$0 copay 2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available		\$0 copay 2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
Vision Eye Wear Eye Exam	\$150 allowance per year \$0 copay (routine)/ 1 per year	\$0 copay eyeglass lenses \$130 allowance per year \$0 copay (routine)/1 per year	\$125 allowance per year \$0 copay (routine) 1 per year	\$125 allowance per year \$40 allowance	\$125 allowance per year \$0 copay (routine) 1 per year	\$125 allowance per year \$40 allowance
Hearing Aids	\$699 Advanced \$999 Premium	\$699 Advanced \$999 Premium	\$1,000 Allowance/3 Years		\$1,000 Allowance/3 Years	
Over-the-Counter (OTC) Purchase Allowance	\$100/Quarterly	Not Covered	Not Covered		Not Covered	
SilverSneakers Fitness Program	✓	✓	✓	✓	✓	✓
24/7 Nurseline	✓	✓	✓	✓	✓	✓
Transportation	24 one-way trips	12 one-way trips	Not Covered		Not Covered	
Rewards	✓	✓	✓	✓	✓	✓
Telehealth	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only	MD Live \$0 copay Urgent Care Only

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North, Northeast and Central Markets

State/Market	North, Northeast		North, Northeast		Central	
	Blue Cross Medicare Advantage Classic (PPO) H4801-009		Blue Cross Medicare Advantage Classic (PPO) H4801-012		Blue Cross Medicare Advantage Classic (PPO) H4801-011	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Premium	\$0	\$0	\$0	\$0	\$0	\$0
Doctors Office Visits						
Primary Care Provider	\$10 copay		\$10 copay		\$0 copay	\$25 copay
Specialist	\$50 copay		\$50 copay		\$50 copay	\$65 copay
Maximum Out-of-Pocket	\$7,550	\$11,300	\$7,550	\$11,300	\$6,700	\$11,300
Inpatient Hospital Copay	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance	\$372/day (days 1-5)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/25% Full Coverage of Tier 1		\$0-\$10/\$10-\$20/\$47/\$100/27% Full Coverage of Tier 1	
Prescription Drug Deductible	\$480 (Tiers 3-5)		\$480 (Tiers 3-5)		\$350 (Tiers 3-5)	
Extra Health & Wellness Benefits						
Optional Supplemental Benefits Premium	\$35.40		\$36.50		\$32.50	
Dental						
Preventive	\$0 copay		\$0 copay		\$0 copay	
Comprehensive	2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available		2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available		2 exams, 2 cleanings, 1 x-ray Optional Supplemental Available	
Vision	Optional Supplemental Available	Optional Supplemental Available	Optional Supplemental Available	Optional Supplemental Available	\$100 Allowance/Year	\$100 Allowance/Year
Eye Wear	\$0 copay (routine)	\$40 allowance	\$0 copay (routine)	\$40 allowance	\$0 copay (1 routine exam)	\$40 allowance
Eye Exam	1 per year		1 per year			
Hearing Aids	Optional Supplemental Available		Optional Supplemental Available		Optional Supplemental Available	
Over-the-Counter (OTC) Purchase Allowance	Not Covered		Not Covered		Not Covered	
SilverSneakers®† Fitness Program	✓		✓	✓	✓	✓
24/7 Nurse Line	✓		✓	✓	✓	✓
Transportation	Not Covered		Not Covered		Not Covered	
Rewards	✓		✓		✓	✓
Telehealth	MD Live \$0 copay Urgent Care Only		MD Live \$0 copay Urgent Care Only		MD Live \$0 copay Urgent Care Only	

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BlueCross BlueShield
of Texas

The Open Access Flex Plan offers a **SINGLE**, simple ONE CARD plan solution that...

Your client has \$0 Copays, \$0
Coinsurance, and \$0 MOOP

- No Underwriting
- Freedom of access to ANY nationwide provider who accepts Medicare
- Plus, a comprehensive drug card (not a discount card)
- Plus, the Flexibility of a Medicare supplement with MAPD extras

Service Area

Archer, Austin, Bee, Bell, Bexar, Blanco, Bosque, Brazoria, Brazos, Brooks, Burleson, Cameron, Clay, Collin, Coryell, Dallas, Denton, Dimmit, Duval, Ellis, El Paso, Erath, Falls, Fort Bend, Freestone, Goliad, Grimes, Hamilton, Harris, Henderson, Hidalgo, Hopkins, Houston, Jack, Jefferson, Jim Hogg, Jim Wells, Karnes, Kenedy, La Salle, Liberty, Limestone, Madison, Mason, McCulloch, McLennan, Mills, Montgomery, Nueces, Orange, Palo Pinto, Parker, Polk, Rains, Refugio, San Jacinto, San Patricio, San Saba, Shackelford, Somervell, Tarrant, Throckmorton, Travis, Trinity, Tyler, Van Zandt, Waller, Walker, Washington, Webb, Williamson, Willacy, Zavala

Open Access TX Flex PPO Plan

The **FLEX**ibility of a Medicare supplement with the extras of a Medicare Advantage Prescription Drug Plan.

State/Market	Open Access TX Flex Plan
	Blue Cross Medicare Advantage Flex (PPO) H8634-014
Plan Premium	\$215.40
Doctors Office Visits Primary Care Provider Specialist	0% coinsurance 0% coinsurance
Maximum Out-of-Pocket	\$0
Inpatient Hospital Copay	0% coinsurance
Retail Preferred Pharmacy	\$0-\$15/\$5-\$20/\$40-\$47/32%-37%/25% Defined Standard Gap Coverage
Prescription Drug Deductible	\$480 (Tiers 3-5)
Extra Health & Wellness Benefits	
Optional Supplemental Benefits Premium	N/A
Dental Preventive Comprehensive	Not Covered Not Covered
Vision Eye Wear Eye Exam	Not Covered Not Covered
Hearing Aids	Not Covered
Over-the-Counter (OTC) Purchase Allowance	Not Covered
SilverSneakers Fitness Program	✓
24/7 Nurseline	✓
Transportation	Not Covered
Rewards	✓
Telehealth	\$0 copay Urgent Care Only

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