

January 2020 Retiree Medicare Deductions:

<u>Single Coverage Senior</u>	BCBS Medex + RX	BCBS Managed Blue for Seniors	BCBS Medicare HMO Blue	HNE Medicare Secure
	502317638	004039027	4042533	112632
Monthly	\$172.91	\$162.19	\$191.58	\$148.00

<u>2 Senior Coverage 2 Seniors</u>	BCBS Medex 2+RX	BCBS Managed Blue for Seniors	BCBS Medicare HMO Blue	HNE Medicare Secure
Monthly	\$345.82	\$324.38	\$383.16	\$296.00

BLUE CROSS BLUE SHIELD MEDEX RX FORMULARY CHANGES - LISTING ENCLOSED

**BLUE CROSS BLUE SHIELD OF MASSACHUSETTS
Medicare HMO Blue Plan Benefits Changes**

	2019 Benefits	2020 Benefit Changes
Outpatient Substance Abuse services	Prior authorization not required	Prior authorization required for certain services
Outpatient Mental Health Care	Prior authorization not required	Prior authorization required for certain services
OTP- Opioid Treatment Program	Not covered	\$35 co-pay for each visit for Medicare covered outpatient (OTP) mental health services
Initial Coverage Limit	\$5,100 out of pocket for Part D drugs	\$6,350 out of pocket for Part D drugs
Catastrophic Coverage Medicare Part D	You pay co-pay after your yearly out-of-pocket drug costs reach \$5,100 you pay: \$3.40 Copayment for Generic \$8.50 Copayment for All Other drugs	You pay co-pay after your yearly out-of-pocket drug costs reach \$6,350 you pay: \$3.60 Copayment for Generic \$8.95 Copayment for All Other drugs

**HEALTH NEW ENGLAND
Medicare Secure HMO Group Plan Benefits Changes**

	Castia RX	Optum RX
Pharmacy Benefit Manager		You will be receiving a new ID card in the mail
Catastrophic Coverage	You pay co-pay, after your yearly out of pocket drug costs reach \$5,100 you pay: \$3.40 copayment for generic drugs and \$8.50 all other drugs	You pay co-pay, after your yearly out of pocket drug costs reach \$6,350 you pay: \$3.60 generic or 5% coinsurance greater of \$8.95 all other drugs or 5% coinsurance greater of