

# MEDEX® 2

MIIA Town of Sherborn

This Medex plan provides benefits for:

- Medicare Part A and B Deductibles and Coinsurances
- OBRA Benefits

This Medex plan does not provide benefits for:

- Prescription Drugs

## TAP INTO YOUR HEALTH PLAN

MyBlue is your online member account that makes understanding and using your health plan simple.



Track claims  
and benefits



Find personalized  
care options



View your  
member ID card

### Get started

Sign in or create an account today. Download the app or visit [bluecrossma.org](http://bluecrossma.org).



## QUESTIONS? CALL 1-800-258-2226. (TTY) 711.

The Member Service staff can assist you Monday through Friday, 8 a.m. to 6 p.m.  
Medicare Office Telephone Number in Massachusetts: **1-800-MEDICARE (1-800-633-4227)**



This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance; however, the Commonwealth of Massachusetts has stated that enrollment in Original Medicare (Medicare Part A and Medicare Part B) satisfies these standards.

# YOUR MEDICAL BENEFITS

	Medicare Provides	Medex Provides
<b>Inpatient Care</b>		
Hospital care—including surgical services, X-rays and lab tests, anesthesia, drugs and medications, and intensive care services <sup>†</sup>	<ul style="list-style-type: none"> <li>Coverage for days 1–60 per benefit period after Part A deductible</li> <li>Coverage for days 61–90 after daily Part A coinsurance</li> <li>Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>Full coverage of Medicare deductible and coinsurance</li> <li>Full coverage of lifetime reserve day coinsurance</li> <li>Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up<sup>††</sup></li> </ul>
Physician or other professional provider services	80% of approved charges after annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Skilled nursing facility—participating with Medicare*	<ul style="list-style-type: none"> <li>Full coverage for days 1–20</li> <li>Coverage for days 21–100 after daily Part A coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>Full coverage of Medicare daily coinsurance for days 21–100</li> <li>\$16 daily for days 101–365</li> </ul>
Skilled nursing facility—not participating with Medicare*	No benefits	\$16 daily for 365 days per benefit period
<b>Outpatient Care</b>		
Office visits, emergency services, surgery, radiation therapy, X-ray and lab tests, podiatrists' services, durable medical equipment, and cardiac rehabilitation services	80% of approved charges after annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Blood glucose monitors and materials to test for the presence of blood sugar	80% of approved charges after annual Part B deductible for all diabetics	Full coverage of Medicare deductible and coinsurance
Urine test strips (Claims must be submitted on a Medex Subscriber Claim form)	No benefits	Full coverage based on the allowed charge
Chiropractor services	80% of approved charges after annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray	<ul style="list-style-type: none"> <li>Full coverage of Medicare deductible and coinsurance for Medicare-approved charges only</li> <li>20% of the approved charges or services not covered by Medicare</li> </ul>
Short-term rehabilitation – physical therapy, speech-pathology, and occupational therapy services approved by Medicare	80% of approved charges after annual Part B deductible	Full coverage of Medicare deductible and coinsurance

## Mental Health and Substance Use Treatment

### Biologically based mental conditions\*\*

Inpatient admissions in a general or mental hospital	<ul style="list-style-type: none"> <li>Coverage for days 1–60 per benefit period after Part A deductible</li> <li>Coverage for days 61–90 after daily Part A coinsurance</li> <li>Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance</li> <li>Coverage for mental hospital admissions is limited to a 190 day lifetime maximum</li> </ul>	<ul style="list-style-type: none"> <li>Full coverage of Medicare deductible and coinsurance</li> <li>Full coverage of lifetime reserve day coinsurance</li> <li>Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up<sup>††</sup></li> </ul>
Outpatient visits	80% of approved charges after annual Part B deductible	<ul style="list-style-type: none"> <li>When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum</li> <li>When not covered by Medicare, full coverage with no visit maximum</li> </ul>

### Non-biologically based mental conditions

Inpatient admissions in a general hospital	<ul style="list-style-type: none"> <li>Coverage for days 1–60 per benefit period after Part A deductible</li> <li>Coverage for days 61–90 after daily Part A coinsurance</li> <li>Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>Full coverage of Medicare deductible and coinsurance</li> <li>Full coverage of lifetime reserve day coinsurance</li> <li>Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up<sup>††</sup></li> </ul>
Inpatient admissions in a mental hospital	Same coverage as a general hospital, but coverage is limited to a 190 day lifetime maximum	<ul style="list-style-type: none"> <li>Full coverage of Medicare deductible and coinsurance</li> <li>Full coverage of lifetime reserve day coinsurance</li> <li>When Medicare benefits are used up, full coverage up to 120 days per benefit period (at least 60 days per calendar year), less any days in a mental hospital already covered by Medicare or Medex in that benefit period (or calendar year)<sup>††</sup></li> </ul>
Outpatient visits	80% of approved charges after annual Part B deductible	<ul style="list-style-type: none"> <li>When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum</li> <li>When not covered by Medicare, full coverage up to 24 visits per calendar year</li> </ul>

<sup>†</sup> Dental services are not covered by Medicare, however, when your medical or dental condition requires an inpatient admission, Medex provides full coverage for hospital and participating dentist charges for surgical removal of unerupted teeth or teeth impacted in bone, and the extraction of seven or more permanent teeth.

<sup>††</sup> The additional days are a combination of days in a general or mental hospital.

<sup>\*</sup> A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.

<sup>\*\*</sup> Treatment of rape-related mental or emotional disorders for victims of an assault with intent to rape is covered to the same extent as biologically based conditions.

## Preventive Services Approved by Medicare and Medex

Medicare provides coverage for certain preventive services at no cost to members. For the current list of covered preventive services, refer to your Medicare & You handbook or go to [medicare.gov](https://www.medicare.gov). Some preventive covered services are highlighted below.

- One routine fecal-occult blood test every year for members age 50 or older (Full coverage for tests)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage for tests)
- One routine colonoscopy every two years for a high-risk member (Full coverage for tests)
- Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage for tests)
- Routine prostate cancer screening for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage for exam if doctor accepts assignment, full coverage for PSA test)
- One routine gynecological exam every two years (Full coverage for exam if doctor accepts assignment)
- One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage for exam if doctor accepts assignment)
- One baseline mammogram during the five year period a member is age 35-39 and one routine mammogram per calendar year for members age 40 and older (Full coverage for screening)
- One routine Pap smear test per calendar year (Full coverage for test)

### Important Information

- The Medicare deductible and coinsurance amounts are subject to change January 1 of each year.
- Benefits are available immediately upon your effective date.
- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.

**Get the Most from Your Plan: Visit us at [bluecrossma.org](https://bluecrossma.org) or call 1-800-258-2226 to learn about discounts, savings, resources, and special programs available to you, like those listed below.**

**Fitness Reimbursement:** a benefit that rewards participation in qualified fitness programs or equipment (see your plan description for details)

\$150 per calendar year

**Weight Loss Reimbursement:** a benefit that rewards participation in a qualified weight loss program (see your plan description for details)

\$150 per calendar year

Limitations and Exclusions. These pages summarize your health care plan. Your plan description and riders define the full terms and conditions. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders.

**Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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MASSACHUSETTS

Blue MedicareRx<sup>SM</sup> (PDP)

Blue MedicareRx<sup>SM</sup> (PDP)

# 2026 SUMMARY OF BENEFITS

2026 Summary of Benefits

Blue MedicareRx (PDP)

**Employer Group Medicare  
Prescription Drug Plan with  
Supplemental Coverage:  
\$5 / \$15 / \$30**

Option 28



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

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# BLUE MEDICARERX (PDP)

(a Medicare Prescription Drug Plan (PDP) offered by ANTHEM INSURANCE CO., BCBSMA, BCBSRI, & BCBSVT with a Medicare contract)

## SUMMARY OF BENEFITS

**January 1, 2026 - December 31, 2026**

Thank you for your interest in Blue MedicareRx. Blue MedicareRx includes standard Medicare Part D benefits supplemented with coverage provided by your former employer/union health plan. Blue MedicareRx is referred to throughout this Summary of Benefits as "plan" or "this plan."

This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call us and ask for the *Evidence of Coverage*.

## FOR MORE INFORMATION

### Hours of Operation

You can call us 24 hours a day, 7 days a week.

### Blue MedicareRx Phone Numbers and Website

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-543-4917**. (TTY/TDD **711**).

Prospective Members, please contact your benefits administrator.

Visit us at our Document Portal:  
[rxmedicareplans.memberdoc.com](http://rxmedicareplans.memberdoc.com).

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

This document is available in other formats such as Braille and large print. For additional information, call us at **1-888-543-4917**, 24 hours a day, 7 days a week. TTY/TDD users should call **711**.

## WHO CAN JOIN?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, are a US citizen or are lawfully present in the United States and live in the service area which includes the United States and its territories.

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP. Please contact your local benefits administrator for more information.

## WHICH DRUGS ARE COVERED?

You can see the complete plan formulary (list of Part D covered drugs) and any restrictions on our Document Portal at: [rxmedicareplans.memberdoc.com](http://rxmedicareplans.memberdoc.com). Or, call us and we will send you a copy of the formulary.

## HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of 3 “tiers”. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier, your out-of-pocket prescription costs to date and what stage of the benefit you have reached. Later in this document we discuss the benefit stages in your Medicare prescription drug coverage that occur: Initial Coverage and Catastrophic Coverage. For more information about formulary tiers and stages of the benefit, please see the plan’s formulary and the *Evidence of Coverage* on our Document Portal at: [rxmedicareplans.memberdoc.com](http://rxmedicareplans.memberdoc.com), or contact Customer Care at the number listed on the previous page.

## WHICH PHARMACIES CAN I USE?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan’s pharmacy directory on our Document Portal at: [rxmedicareplans.memberdoc.com](http://rxmedicareplans.memberdoc.com). Or, call us and we will send you a copy of the pharmacy directory.

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## ADDITIONAL BENEFIT INFORMATION FOR BLUE MEDICARERX

### Important message about what you pay for vaccines

Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

### Important message about what you pay for insulin

You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

# SUMMARY OF BENEFITS

January 1, 2026 – December 31, 2026

## PRESCRIPTION DRUG BENEFITS

The benefits described below are offered by Blue MedicareRx, a standard Medicare Part D plan supplemented with benefits provided by your former employer.

Initial Coverage		You pay the following until your total yearly out-of-pocket drug costs reach \$2,100 <sup>1</sup> , thereafter, you will pay nothing for covered Part D drugs:	
Standard Retail Cost-Sharing		One-month supply	Three-month supply <sup>2</sup>
Tier 1	Generic	\$5	\$15
Tier 2	Preferred Brand	\$15	\$45
Tier 3	Non-Preferred Drug	\$30	\$90

Specialty drugs are limited to a one-month supply per fill.

  

Mail Order Cost-Sharing		One-month supply	Three-month supply
Tier 1	Generic	\$5	\$10
Tier 2	Preferred Brand	\$15	\$30
Tier 3	Non-Preferred Drug	\$30	\$60

Specialty drugs are limited to a one-month supply per fill.

### Catastrophic Coverage

During this payment stage, you pay nothing for your Part D covered drugs.

1. All covered drugs are on the Blue MedicareRx group formulary/drug list.
2. Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

# GENERAL INFORMATION

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances as long as the pharmacy is located within

the United States and its territories. For examples of what would qualify as special circumstances, refer to the *Evidence of Coverage* (EOC). Your copayment and/or coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Brand, or Non-Preferred drug. When using an out of network pharmacy, you may be responsible for any cost differential between the amount charged and the allowed charge.

Medicare considers drugs which cost more than \$950 for a one-month supply to be specialty drugs.

## Blue MedicareRx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - » Qualified sign language interpreters
  - » Written information in other formats (Braille, large print, audio CD, data CD, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - » Qualified interpreters
  - » Information written in other languages

**If you need these services, call the number on the back of your Member ID Card. TTY/TDD users should call 711.**

**If you believe that Blue MedicareRx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:**

### Blue MedicareRx (PDP)

Grievance Department Coordinator  
P.O. Box 30016  
Pittsburgh, PA 15222-0330  
Phone: 1-866-884-9478  
Fax: 1-866-217-3353

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, the Blue MedicareRx Grievance Department is available to help you.

**You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:**

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, TTY: 1-800-537-7697

Complaint forms are available at  
<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

You can file a complaint if you feel that you received inaccurate, misleading, or inappropriate information. Please call Customer Care at the number listed on the back page of this booklet (TTY users call: 711). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.

# NOTES



**FOR QUESTIONS,  
OR TO ENROLL:**

**This information is not a complete description of benefits. Please refer to the contact list below for more information.**

Please call Blue MedicareRx for more information about our plan. Current members should call toll-free 1-888-543-4917. (TTY/TDD 711) Prospective Members, please contact your benefits administrator. Visit us at [rxmedicareplans.memberdoc.com](http://rxmedicareplans.memberdoc.com)

**Customer Care Hours:**

24 hours a day, 7 days a week

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [medicare.gov](http://medicare.gov) on the web.

If you have special needs, this document may be available in other formats.



**MASSACHUSETTS**

Blue Cross and Blue Shield of Massachusetts, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc.,

Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans.

The joint enterprise is a Medicare-approved Part D Sponsor.

Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

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