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IMPORTANT PLAN INFORMATION



Medicare Advantage Group Plan Enrollment Guide

Eastern Atlantic States Carpenters Health Fund (PA)

Secure Preferred (PPO)

1/1/2026 – 12/31/2026



**Blue Medicare
Advantage**



Get to know the plan

We're here to help

There can be a lot to sort through when it comes to selecting a health plan and managing your health. We created this guide to help you understand the basics of our Blue Medicare Advantage group Medicare plan. From choosing a doctor to learning about our convenient online tools and health programs, the important information is all right here at your fingertips. As you read, you will learn that Original Medicare doesn't cover everything. Group-sponsored coverage from your employer, like Medicare Advantage from Blue MA, usually offers more.

If you have questions or need help, call our First Impressions Welcome team and provide this group specific code PAEGR001. **1-844-430-0325** (TTY: **711**) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

The plan at a glance



Eastern Atlantic States Carpenters Health Fund (PA) offers you the Secure Preferred (PPO) plan. This plan includes medical coverage, along with additional benefits and programs. Preferred Provider Organizations (PPOs) use a network of doctors, hospitals, and other care providers. You can see any doctor and visit any hospital you'd like as long as they accept Medicare. Your benefits will go further if you stay in the plan's network.

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Medical benefit highlights

This plan covers many medical services, treatments, and tests. Plus, you can protect your health by getting your recommended checkups, shots, and screenings with preventive care services at no cost when you see a doctor that accepts Medicare and the plan. Here are some of the benefits that may be included:

Health and wellness

- Inpatient hospital care and ambulance services
- Emergency and urgent care, including access to emergency care across the U.S. and outside of the country
- Skilled nursing facility benefits
- Complex radiology services and radiation therapy
- Diagnostic procedures and testing services received in a doctor's office
- Lab services and outpatient X-rays
- Tobacco cessation counseling
- Hearing care
- Vision care

Nutrition

- Diabetes services and supplies
- Medical nutrition therapy*
- Obesity screening and therapy*

Preventive care services

- Annual wellness visit and routine physical exam
- Blood pressure and cholesterol tests
- Breast cancer (mammogram) screening
- Colorectal cancer (colonoscopy) screening
- Diabetes (blood sugar, kidney, retinopathy) screening
- Osteoporosis (bone density) screening
- Immunizations like flu and pneumococcal shots

Devices

- Durable medical equipment and related supplies
- Prosthetic devices



See your Summary of Benefits located in the appendix for more details.

* Benefit available if qualifying conditions are met.

Access to care

Discover a wide network of Medicare providers who deliver high-quality care.



Choose the doctors you want

You can see any doctor, specialist, or other care provider in or out of your plan's network who accepts both Medicare and the plan.

You will also benefit from:

- Paying the same copay or coinsurance amount, whether or not you see a care provider in or out of your plan's network.*
- Having your benefits and coverage stay the same, no matter where you travel in the country.



What if a doctor says they don't accept this plan?

Ask the doctor or care provider to call the phone number on the back of your health plan ID card. We'll explain to them how they can submit a claim for your visit.



How to find care

Once you enroll, you'll be able to use our helpful Find Care tool to search for doctors and other care providers in your area.



Are you ready to enroll?

Visit page 11 to get started.



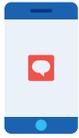
Questions?

Call our First Impressions Welcome team for answers or plan details, and provide this group specific code PAEGR001. **1-844-430-0325 (TTY: 711) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.**

* Out-of-network or noncontracted care providers are not obligated to treat plan members except in emergency situations. Contact the First Impressions Welcome team for more information.

Perks and programs

This plan includes useful tools and programs to support your health and well-being — at no additional cost. Once you enroll, you'll have access and can begin using these valuable benefits.



Manage your health with our online tools and programs

Sydney Health app¹

The SydneySM Health app offers you ways to stay healthy and manage your health plan, all from the palm of your hand.²

After you receive your ID card, you can download the app from the App Store[®] or Google Play[™]. Then use the information on the card to set up your account. It only takes a few minutes to register.

Use the app to:

- See a live doctor via a virtual visit.
- Access plan and health resources.
- Check the status of claims.

MyHealth Advantage⁶

MyHealth Advantage sends you mailed reminders about ways to protect your health. You'll also have access to health specialists who can answer your questions.

LiveHealth Online^{®3}

Visit with a doctor, therapist, or psychiatrist through live video on your phone, tablet, or computer with a camera. It's a great way to:

- Access a board-certified doctor in the comfort of your home, 24/7.
- Find help with common conditions like the flu, colds, sinus infections, pink eye, and skin rashes — and even have prescriptions sent to the pharmacy if needed.⁴
- Set up a 45-minute counseling session with a licensed therapist to find help when you feel depressed, anxious, or stressed. You can also meet with a board-certified psychiatrist to get medication management support if talk therapy alone isn't enough.⁵
- With the Blue MA plan, video visits using LiveHealth Online are \$0.

1 Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

2 Online tools are offered to Blue MA plan members as extra services. They are not part of the contract and can change or stop.

3 LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

4 Prescription availability is defined by physician judgment.

5 Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) or 911 and ask for help.

6 Caredon Health, Inc. is a separate company providing care management services on behalf of Blue MA. In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Perks and programs



Convenient care services

The House Call program

Receive an annual in-home or virtual health evaluation from a licensed clinician in the comfort of your own home to support the ongoing care you receive from your doctors.

24/7 NurseLine⁷

24/7 NurseLine puts you in touch with a registered nurse anytime of the day or night. Call **1-800-700-9184** (TTY: **711**) to have your questions answered.

Carelon Health Palliative Care⁸

In the event of a serious illness, Carelon Health Palliative Care is a community-based program that can provide an extra layer of support. A team of doctors, nurse practitioners, nurses, and social workers would work with your primary care provider to coordinate care. The Carelon Health Palliative Care clinical team is available 24/7. They provide extra care and attention, as well as education about illness, your plan of care, and medications. These services are provided through a combination of home-based visits and telehealth support.



Questions?

Call our First Impressions Welcome team for answers or plan details, and provide this group specific code PAEGR001. **1-844-430-0325** (TTY: **711**)
Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

⁷ The information contained in this program is for general guidance only. Your doctor will be specific regarding recommendations for your individual circumstances. Recommended treatments may not be covered under your health plan.

⁸ The Carelon companies are separate companies providing behavioral health, care pathways, pharmacy, and value-based care delivery solutions through our digital platforms and technology services and research on behalf of Blue Medicare Advantage.

Perks and programs



Supporting your whole health

SilverSneakers®

SilverSneakers is a fitness and lifestyle benefit that offers the opportunity to connect with your community, make friends, and stay active. Your membership gives you:⁹

- Access to thousands of participating locations with use of basic amenities, plus group exercise classes for all levels at select locations.^{10, 11}
- The SilverSneakers GO™ app so you can find locations near you, participate in live classes from your phone, and tailor workouts to your fitness level.
- Access to SilverSneakers LIVE virtual classes and the On-Demand library with hundreds of online videos so you can work out at home.

To find a location near you or join virtual classes, visit www.silversneakers.com/starthere or call **1-855-741-4985**, TTY: **711**, Monday to Friday, 8 a.m. to 8 p.m. ET.

⁹ Always talk with your doctor before starting an exercise program.

¹⁰ Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

¹¹ Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

The SilverSneakers fitness program is provided by Tivity Health, an independent company. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.

What is Medicare?

Medicare is a federal government health insurance program for people 65 or older. You may also be eligible if you:

- Are under age 65 with certain disabilities
- Have end-stage renal disease (ESRD)
- Have amyotrophic lateral sclerosis (ALS), also called Lou Gehrig's disease

More information is available at www.medicare.gov, or you can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Medicare is available as follows:



Original Medicare

- Part A provides coverage for hospital benefits.
- Part B provides medical benefits.



Medicare Advantage

- Also called Part C.
- Bundles Parts A and B.
- Offers supplemental benefits and a first-class member service experience.
- Can include Part D, the prescription drug plan.

Medicare Advantage is a Medicare-approved plan available only through private insurance companies. The added benefits it offers are listed throughout this guide.

Original Medicare = government program		Offered by private insurance companies	
Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D
Original Medicare + Part C = Medicare Advantage			
Medicare Advantage + Part D = MAPD plan			

Medicare Advantage vs. Original Medicare

Compare coverage



The good thing about Medicare Advantage is that it limits how much you'll spend each year on treatment. Plus, the prices are often fixed, so you'll have a better idea of any costs beforehand.

Medicare Advantage can include prescription drug coverage (Part D) — something Original Medicare doesn't offer.

Medicare Advantage	Original Medicare
Plan pays 100% of covered medical costs for rest of plan year after annual out-of-pocket maximum is met*	No limit to medical costs you will pay annually — no annual out-of-pocket maximum
You will often pay copays (fixed dollar amounts)	You will pay percentage of cost (20% of the cost for common services like outpatient surgery and doctor visits)
Can include Part D prescription drug coverage	No Part D prescription drug coverage
Emergency care is covered outside of U.S.	No emergency care coverage outside of U.S.

* Not all medical costs are included in or are subject to the annual out-of-pocket maximum. Call our First Impressions Welcome team if you have questions about plan benefits. 1-844-430-0325 (TTY: 711) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

How to qualify and enroll

To enroll in the Secure Preferred (PPO) plan, please contact Eastern Atlantic States Carpenters Funds at 1-732-417-3900 or email enrollment@carpenters.fund for more information.

Qualifications for enrolling in Secure Preferred (PPO):

- You are a United States (U.S.) citizen or are lawfully present in the U.S.
- You live in the plan's service area.
- You are now entitled to Medicare Part A and enrolled in Part B.
- You keep paying your Medicare Part B premiums, unless they are paid by Medicaid or through another third party.
- You qualify for coverage under your or your spouse's group-sponsored health plan.

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What to expect after you enroll



How to give others access to your health records

Fill out your Member Authorization Form to give people that you choose access to your health records.



Keep an eye on your mailbox

After you enroll, you can sit back and relax. Once your enrollment is processed, you will receive:

- Proof of your enrollment request with your membership start date listed.
- Your ID card. You can begin using this card on your membership start date.
- A health survey to help us understand and address your needs. Within your first 90 days, we will call you to answer a simple health survey to help keep your care and services up to date.



Look out for your plan Welcome Guide

This guide can help you:

- Learn how to contact us.
- Access plan documents online.
- Find the right resources for more information.

Summary of Benefits



We've provided a Summary of Benefits so you can have a better understanding of what's covered and what's not, including:

- Costs you are responsible for
- What we cover under the plan
- Any copays or percentage of the cost
- Any out-of-pocket costs



Questions?

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Eastern Atlantic States Carpenters Health Fund - PA

2026 Summary of Benefits

PPO Plan 0P

About this Plan:

For comprehensive information about all the services and any limitations or exclusions, please refer to your Evidence of Coverage (EOC). Upon enrolling in the plan, you'll receive guidance on accessing your plan details online. You can conveniently view your EOC by logging into the member portal at www.blumedadvgrhs.com, or you can call Member Services with any questions you may have.

Doctor and hospital choice: You may go to doctors, specialists, and hospitals in or out of the network. You do not need a referral.

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, D.C., and all United States territories.

How much is the monthly premium?

Contact your group plan sponsor/union for more information on your plan premium.

Secure Preferred (PPO) Benefits Effective: 01/01/2026 – 12/31/2026

Plan Features	In-network:	Out-of-network:
Annual medical deductible:	\$0 combined in-network and out-of-network	
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$3,400 combined in-network and out-of-network	

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care* No limit to the number of days covered by the plan	\$75 copay per admission	\$75 copay per admission
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$75 copay per visit	\$75 copay per visit
Outpatient hospital services observation room	\$75 copay per visit	\$75 copay per visit
Primary care office visit	\$0 copay per visit	\$0 copay per visit
Specialty care office visit	\$5 copay per visit	\$5 copay per visit
Preventive care, screenings, and tests	\$0 copay per visit	\$0 copay per visit
Emergency care	\$50 copay per visit \$50 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	
Urgently needed services	\$10 copay per visit \$10 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	
X-ray visit and/or simple diagnostic test*	\$0 copay per visit	\$0 copay per visit
Complex diagnostic test and/or radiology visit*	\$0 copay per visit	\$0 copay per visit
Radiation therapy treatment*	\$5 copay per visit	\$5 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Clinical/diagnostic lab test*	\$0 copay per visit	\$0 copay per visit
Medicare-covered basic hearing and balance exams performed by your specialist*	\$5 copay per visit	\$5 copay per visit
<p>Routine hearing services We have partnered with TruHearing to bring you these discounts and services.</p>	<p>Must use a TruHearing participating provider.</p> <p>Hearing exams \$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Hearing aids fitting evaluation \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network</p> <p>Routine hearing exams and fitting evaluations limit \$70 maximum benefit every calendar year combined in-network and out-of-network</p> <p>Hearing aids \$0 copay for hearing aids \$500 maximum benefit every three calendar years</p>	<p>Out-of-network providers must order hearing aids through TruHearing.</p> <p>Hearing exams \$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Hearing aids fitting evaluation \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network</p> <p>Routine hearing exams and fitting evaluations limit \$70 maximum benefit every calendar year combined in-network and out-of-network</p> <p>Hearing aids \$0 copay for hearing aids through TruHearing \$500 maximum benefit every three calendar years</p>
Medicare-covered dental is non-routine care performed by your specialist*	\$5 copay per visit	\$5 copay per visit
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	\$5 copay per visit	\$5 copay per visit
Medicare-covered glaucoma screening	\$0 copay per visit	\$0 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Medicare-covered eyewear following cataract surgery	\$0 copay per surgery	\$0 copay per surgery
Routine vision services	<p>Must use a Blue View Vision provider.</p> <p>Exams \$0 copay for routine vision exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Eyewear \$0 copay for eyewear \$100 maximum benefit every two calendar years combined in-network and out-of-network</p> <p>Non-elective contact lenses \$0 copay for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network</p>	<p>Member must submit a claim form for reimbursement</p> <p>Exams \$70 reimbursement for routine vision exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Eyewear \$100 reimbursement for eyewear, maximum benefit every two calendar years combined in-network and out-of-network</p> <p>Non-elective contact lenses 100% reimbursement for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network</p>
Inpatient services in a psychiatric hospital* No limit to the number of days covered by the plan	\$75 copay per admission	\$75 copay per admission
Mental health professional individual therapy visit	\$5 copay per visit	\$5 copay per visit
Substance use disorder professional individual therapy visit	\$5 copay per visit	\$5 copay per visit
Skilled nursing facility (SNF) care*	\$0 copay for days	\$0 copay for days
Outpatient rehabilitation services*	\$5 copay per visit	\$5 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. \$0 copay per one-way trip for ambulance services	
Medicare Part B drugs*	\$0 copay for Part B drugs	\$0 copay for Part B drugs
Chiropractic services Medicare-covered	\$0 copay per visit	\$0 copay per visit
Additional chiropractic services	\$0 copay per visit	\$0 copay per visit
Acupuncture for chronic low back pain Medicare-covered	\$0 copay per visit	\$0 copay per visit
Cardiac rehabilitation services*	\$0 copay per visit	\$0 copay per visit
Pulmonary rehabilitation services*	\$5 copay per visit	\$5 copay per visit
Blood glucose test strips, lancets, lancet devices, and glucose control solutions For a 30 day supply	\$0 copay per purchase	\$0 copay per purchase
Blood glucose monitors	\$0 copay per purchase	\$0 copay per purchase
Therapeutic shoes	\$0 copay per purchase	\$0 copay per purchase
Diabetes self-management training	\$0 copay per visit	\$0 copay per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom	\$0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom
Durable medical equipment (DME) and related supplies*	\$0 copay per purchase	\$0 copay per purchase
Opioid treatment program services*	\$5 copay per visit	\$5 copay per visit
Podiatry services*	\$0 copay per visit	\$0 copay per visit
Home health agency care*	\$0 copay per visit	\$0 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
<p>Hospice care</p>	<p>\$0 copay for the one time only consultation 1 visit per lifetime</p> <p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.</p>	<p>\$0 copay for the one time only consultation 1 visit per lifetime</p> <p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.</p>

Additional covered benefits and services	Member pays unless specified:
Video doctor visits LiveHealth Online†	\$0 copay for video doctor visits using LiveHealth Online
Health and wellness education programs SilverSneakers® Membership† Take fitness classes virtually or visit a participating location.	\$0 copay for the SilverSneakers fitness benefit
24/7 NurseLine†	\$0 copay for 24/7 NurseLine
Foreign travel (outside U.S. and its territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Emergency care \$50 copay for emergency care \$50 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
Foreign travel (outside U.S. and its territories) Urgently Needed Services Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Urgently needed services \$10 copay for urgently needed services \$10 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
Medicare Community Resource Support	\$0 copay for Medicare Community Resource Support

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

This document reflects cost shares only.

†Must use the plan approved provider

§ The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular

Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage (EOC).

Some of the benefits and limitations listed above are combined in-network and out-of-network.

This information is not a complete description of the benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service.

Medicare & You 2026 resource: For more information, we encourage you to read Medicare & You 2026. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

SilverSneakers is a registered trademark of Tivity Health. All rights reserved Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

Hearing benefit management administered by TruHearing, an independent company.

Common health plan terms

Here are terms you'll come across in this guide and what they mean.



Care

Facility – A location for receiving care. Examples: hospital, skilled nursing facility (SNF), or imaging center.

Inpatient care – Medical treatment for someone formally admitted to a facility with a doctor's order. Without a doctor's order, it may be considered outpatient care, even if you stay overnight.

Outpatient care – Medical treatment for someone not admitted to a facility. It may take place in a doctor's office, clinic, or hospital outpatient department.

Preventive care – Services that help you stay healthy and detect health problems early when treatment works best. Examples: exams, shots, lab tests, screenings, and programs for health monitoring, counseling, and education.

Primary care provider (PCP) – A general practice doctor, nurse practitioner, or physician assistant who treats basic medical conditions and is often the first person you'll see for health concerns. PCPs provide checkups, vaccinations, and screenings. They help diagnose conditions and refer you to specialists when needed. You are not required to select a PCP.

Care provider – A doctor, nurse, clinician, hospital, health system, licensed healthcare facility, program, agency, or healthcare professional that delivers healthcare services.



Cost

Annual out-of-pocket maximum (or max OOP) – The maximum amount you pay for medical costs each plan year. After paying the max OOP, you pay nothing for covered services until the next plan year. Copays, coinsurance, and deductibles count toward the max OOP, but not all costs do. Not all medical costs or services are included in or subject to the annual out-of-pocket maximum.

Summary of Benefits – A summarized list of medical care and drugs the plan covers.

Coinsurance – A percentage you may be required to pay for covered services or drugs after paying your deductible.

Copay – A fixed dollar amount you may be required to pay for covered services or drugs after paying your deductible.

Cost share – Also called “cost-sharing amount” or “your share of the costs.” It is usually a deductible, copay, or coinsurance. This is the amount you pay for covered services or drugs.

Covered services and drugs – Medical care and drugs your plan pays for under the plan terms.

Deductible – If applicable, the fixed dollar amount you pay for medical care or drugs before the plan begins to pay.

Required information for this plan year

Your rights, protections, and Medicare options

As a Medicare beneficiary, you have many rights and options put in place to protect you as a consumer. You have choices.

As a Medicare beneficiary, you can choose between:

- The Original (Fee-for-Service) Medicare plan.
- A Medicare health plan like the one offered in this guide.

You may have other options

The important thing to remember is that the choice is yours, keeping in mind that you may be able to join or leave a plan only at certain times. Please note that if you do not take your retiree benefits, it may affect other retiree benefits your group sponsor offers. No matter what you decide, you may still be eligible for the Original Medicare program.

Geographic service areas covered by this plan

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, DC, and all United States territories.

Your Medicare protection

The plan must offer Medicare benefits to you for a full calendar year at a time, although benefits and cost sharing may change from year to year. The plan provider can decide each year whether to keep offering Medicare Advantage plans, or whether or not to continue offering plans in specific geographic areas like yours.

Also, Medicare may decide to end our contract. If for some reason this plan is discontinued, we will send you a letter at least 90 days before your coverage ends explaining your options for Medicare coverage in your area.

For more information on the options and rights you have as a Medicare Advantage member with this plan, please contact our First Impressions Welcome team and ask for a copy of the Evidence of Coverage (EOC).

Extra Help from Medicare

You may be able to find help to pay for your prescription drugs and other Medicare costs. If you qualify for Medicare's Extra Help and are enrolled in a Part D plan like this one, Medicare can pay up to 100% of your prescribed drugs. This can help offset your drug plan's monthly premium, plus coinsurance and copays for covered prescription drugs.

Extra Help can also close any drug coverage gaps and stop late enrollment penalties (LEPs). For more information, visit www.medicare.gov or www.ssa.gov, or call:

- **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.
- The Social Security Administration at **1-800-772-1213**, Monday to Friday, 7 a.m. to 7 p.m. ET. TTY users should call **1-800-325-0778**.
- Your state Medicaid office.

Required information for this plan year

Information about Medicare

To help you make more informed healthcare decisions, we are providing this important information about Medicare to use as a resource. If you have any questions, please contact our First Impressions Welcome team.

Pay your Medicare Part B premiums

Once you enroll in this plan, you must continue to pay your Medicare Part B premiums. If you don't, Medicare will terminate your coverage and then you may have to pay a late enrollment penalty if you decide to reenroll.

Enrolling in other plans

If you decide to enroll in other plans, you may be disenrolled from your current plan.

Notifying your group sponsor

To ensure a smooth enrollment, make sure your group sponsor has your most up-to-date information and that it matches your Social Security information.

Matching Medicare Advantage (medical) coverage and Part D (prescription drug) coverage for members in group plans

If you are enrolled in a group Medicare Advantage plan, your Part D coverage must also be a group Part D plan. This is important because enrolling in a non-group Part D plan could result in termination of your enrollment in your group Medicare Advantage plan.

About IRMAA and your income level

If your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit, you must pay an income-related monthly adjustment amount (IRMAA) in addition to your monthly plan premium.

The Social Security Administration will contact you if you have to pay an IRMAA, which you must pay to them, not us.

High-income surcharges

If you must pay a high-income surcharge on your Medicare Part B or Part D premium to the Social Security Administration, please be sure to do so to avoid a mandatory disenrollment.

Required information for this plan year

Information about Medicare

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age, or disability. For people with disabilities, we offer free aids and services. Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the number listed in this guide to request interpreter services.

Out-of-network/noncontracted providers are under no obligation to treat Blue MA members, except in emergency situations. Please call our First Impressions Welcome team at **1-844-430-0325**, TTY: **711**, **Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays**, for more information.

This information is not a complete description of benefits. Contact the plan for more information. Every year, Medicare evaluates plans based on a five-star rating system.

This guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Benefits Chart and Evidence of Coverage (EOC), which is available upon enrollment. In the event of a conflict between the Benefits Chart and EOC and this guide, the terms of the Benefits Chart and EOC will prevail.

Coordination of Benefits (COB) letter

If we receive Coordination of Benefits (COB) information from CMS, we are required to send a letter to you requesting verification of the other coverage information. The benefit verification letter we send will include information from CMS, including any other coverage that needs to be verified. Separately, we could receive COB information from

other reporting sources in addition to CMS. If the information is not correct in the letter, you can call Member Services or you can fill in the correct information on the letter and return it to the plan for processing.

If a response is not received within 21 days, the information on the letter is considered to be accurate.

If the previous carrier does not notify CMS of the previous plan termination prior to the plan enrollment process, a COB letter could be triggered for the plan that was just terminated.

Required information for this plan year

Information about Medicare

Blue Medicare Advantage offers Medicare Advantage plans with a Medicare contract. Enrollment in Blue Medicare Advantage plans depends on contract renewal. Blue Medicare Advantage is the trade name of Group Retiree Health Solutions, Inc. an independent licensee of the Blue Cross and Blue Shield Association. Out-of-network/noncontracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

Important information regarding your plan

Release of information: By joining this Medicare Advantage health plan, I acknowledge that the Medicare Advantage health plan will release my information to Medicare and other plans as is necessary for treatment, payment, and healthcare operations.

I understand that the effective date of coverage is when I can begin using the plan services, and the Medicare Advantage plan will send me written notification of the effective date of my enrollment in the plan. I understand that this Medicare Advantage plan is offered under a contract with the Centers for Medicare & Medicaid Services (CMS) and the CMS review of its benefits. I understand that my coverage will come into effect only if this enrollment is approved by the plan and CMS.

I understand that I need to keep my Medicare Parts A and B. I must maintain my Medicare Part B insurance by continuing to pay the Part B premium, if applicable.

I understand that by enrolling in this Medicare Advantage plan, I will automatically be disenrolled by CMS from any other Medicare Advantage plan. **I can only be in one Medicare Advantage plan at a time.** It is my responsibility to inform the plan of any prescription drug coverage that I have or may get in the future.

I understand that if I enroll in a Medicare Part D prescription drug plan, it also must be a group sponsored plan. If I enroll in an individual Medicare Part D prescription drug plan, it will disenroll me from this group sponsored Medicare Advantage plan.

I understand that when my Secure Preferred (PPO) coverage begins, I must receive all my medical benefits from Blue Medicare Advantage. Benefits and services authorized by Blue Medicare Advantage and contained in my Secure Preferred (PPO) Evidence of Coverage

document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor Blue Medicare Advantage will pay for benefits or services.**

I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the United States border.

I understand that as a member of this plan, I have the right to ask about the plan's decision regarding payments or coverage for services I receive. I also have the right to appeal plan decisions about payment or services if I disagree.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-430-0325 (TTY: 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente o hable con su proveedor.

Arabic – تنبيه: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانًا. اتصل على رقم الهاتف المذكور أعلاه أو تحدث إلى مقدم الخدمة الخاص بك.

Armenian – ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Զանգահարեք վերը նշված հեռախոսահամարով կամ խոսեք ձեր մատակարարի հետ:

Chinese – 注意：注意：如果您說中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上面列出的電話號碼或與您的提供者交談。

Farsi – توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان در دسترس شما است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های مناسب معلولان نیز به‌صورت رایگان قابل ارائه است. با شماره تلفن بالا تماس بگیرید یا با ارائه‌دهنده‌تان صحبت کنید.

French – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus ou appelez votre prestataire.

Haitian Creole – ATANSYON: Si w pale kreyòl ayisyen, gen sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Rele nimewo telefòn ki endike anwo a oswa pale ak founisè w la.

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sopra o rivolgersi al proprio fornitore.

Japanese – 注意：日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらでも無料でご利用いただけます。必要な情報取得にお役立てください。上記の電話番号にお電話いただくか、プロバイダーにお問い合わせください。

Korean – 주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 이용하실 수 있습니다. 위에 기재된 전화 번호로 전화하거나 담당 의료 제공자에게 문의하십시오.

Polish – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany powyżej lub porozmawiaj ze swoim dostawcą.

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone acima indicado ou fale com o seu fornecedor.

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона или обсудите этот вопрос с вашим поставщиком услуг.

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, may available na mga libreng serbisyong tulong sa wika para sa iyo. Available rin nang libre ang mga naaangkop na auxiliary aid at serbisyo para maibigay ang impormasyon sa alternatibong mga format. Tawagan ang numero ng telepono na nakalista sa itaas o makipag-usap sa iyong provider.

Vietnamese – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên hoặc nói chuyện với nhà cung cấp của quý vị.

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