MASSACHUSETTS

Benefits Overview 2015

Drug Copayments
$10–$25–$45

Medicare | HMO Blue® (HMO)

Medicare HMO Blue (HMO) is a Medicare Advantage plan from Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

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

Covered Services for Medicare HMO Blue (HMO) Members

Plan Specifics	In-Network
Calendar-Year Deductible	$0
Out-of-Pocket Maximum	$3,400 calendar-year, out-of-pocket maximum (excludes prescription drug cost-sharing)
Covered Services	**Your Cost for In-Network Services**
Doctor's Office Visits	$15 per primary care provider (PCP) visit $35 per specialty care visit
Inpatient Hospital Care Hospital care for illness or chronic disease for as many days as medically necessary (includes hospital care in a rehabilitation hospital)[1]	$150 per day—days 1-5
Emergency Care[1] Hospital emergency room visits	$65 per visit, waived if admitted within 24 hours
Urgently Needed Care[1] Doctor's office visit	$15 per PCP visit $35 per other provider visit
Skilled Nursing Facility (SNF) Care Medically necessary care up to 100 days per benefit period[2]	$40 per day—days 1-20 $100 per day—days 21-44 $0 per day—days 45-100
Mental Health and Substance Abuse Outpatient mental health and substance abuse care when medically necessary	$35 per visit
Inpatient care for mental health and substance abuse	$150 per day—days 1-5

1. Emergency and Urgently Needed Care are available worldwide.
2. A benefit period begins with the first day of a Medicare-covered inpatient hospital stay and ends with the close of a period of 60 consecutive days during which you were not an inpatient of a hospital or a skilled nursing facility.

Covered Services for Medicare HMO Blue (HMO) Members

Covered Services	Your Cost for In-Network Services
Medicare-covered Preventive Care and Screening Tests	$0
Mammography screening every 12 months	$0
Routine gynecological exam once every 24 months	$0
Prostate cancer screening exam once per year	$0
Routine Dental Services Routine dental care limited to one initial and periodic oral exam, one cleaning, and one set of bite-wing X-rays every 6 months	$35 per visit
Hearing Services Routine diagnostic hearing exam once every 12 months	$15 per PCP visit $35 per other provider visit
Hearing aid, fittings, evaluations, and repairs up to $400 every 36 months	All costs over $400
Vision Care Routine refractive eye exam once every 12 months	$35 per visit at a Davis Vision network provider
Eyewear every 24 months up to a $150 maximum	All costs over $150
Other Medicare-Covered Health Services Home health services (non-custodial)	$0
Durable medical equipment	10% of the cost (no cost for diabetes equipment and supplies)
Prosthetic devices and ostomy supplies	10% of the cost (no cost for diabetes equipment and supplies)
Outpatient diagnostic tests and X-rays	$10 per day for lab tests, X-rays and other diagnostic tests; $150 per day for CT scans, MRIs, PET scans, and nuclear cardiac imaging tests (imaging costs are waived when performed on the same day as an emergency visit or outpatient day surgery)
Outpatient radiation therapy	$0

Covered Services	Your Cost for In-Network Services
Outpatient surgery	$150 per visit
Physical, occupational, and speech therapy	$15 per visit
Podiatry Services Medicare-covered services	$15 per PCP visit $35 per other provider visit
Chiropractic Services Manual manipulation of the spine to correct subluxation	$20 per visit
Health and Wellness Programs Disease-specific health and wellness education	$0
Smoking cessation counseling	$0
Health Promotion Programs Eligible health club membership or exercise classes (up to $150 maximum each calendar year)	You pay any balance in excess of the $150 limit
Eligible weight loss program (up to $150 maximum each calendar year)	You pay any balance in excess of the $150 limit
Prescription Drug Coverage[3, 4] At a participating retail pharmacy (up to a 30-day supply)[4]	$10 for generic drugs $25 for preferred drugs $45 for non-preferred drugs
Through a participating mail service pharmacy (up to a 90-day supply)	$20 for generic drugs $50 for preferred drugs $90 for non-preferred drugs

3. Prescription drug copayments apply until your out-of-pocket prescription drug costs for covered Part D drugs reach $4,700; thereafter, you will pay $2.65 for generics or drugs treated like generics, $6.60 for all other drugs.
4. Prescription drugs may be available at retail pharmacies up to a 90-day supply. If available, calculate the copayment charge for each 30-day supply. Refer to the Evidence of Coverage for more details.

Member Eligibility

To enroll in the plan, retirees must permanently reside in the plan service area and be entitled to Medicare Part A and enrolled in Medicare Part B. The service area for this plans includes: Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties, MA. You must live in one of these areas to join this plans. In most cases, people with end-stage renal disease (ESRD) cannot enroll in the plan.

To locate a participating network provider call the Member Service phone line during regular business hours, or visit Find A Doctor at **www.bluecrossma.com**.

These pages summarize benefits under the Medicare HMO Blue (HMO) plan. Some services may require prior authorization. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

For More Information

Current members: please call **1-800-200-4255** (TTY: **1-800-522-1254**)
Monday–Friday, 8:00 a.m. to 8:00 p.m. ET

Prospective members: please call your employer

Visit **www.bluecrossma.com/medicare**
or contact your benefits administrator.

Blue Cross and Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change on January 1 of each year.

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