



MASSACHUSETTS



# Master Medical<sup>®</sup> Medicare Part A & B Carve-Out Plan

Summary of Benefits 2015

City of Boston

## Basic Benefits

	Medicare Provides	Master Medical Carve-Out Pays
<b>Inpatient</b>		
General or chronic disease hospital care	<ul style="list-style-type: none"> <li>• Full coverage for days 1–60 after \$1,260 deductible</li> <li>• Full coverage for days 61–90 after \$315 daily coinsurance</li> <li>• Full coverage for an additional 60 lifetime reserve days after \$630 daily coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Full coverage of Medicare deductible and coinsurance for days 1–90</li> <li>• Full coverage of lifetime reserve day coinsurance</li> <li>• Full coverage for room and board and special services (as many days as medically necessary)</li> </ul>
Physician or other professional provider	80% of approved services after \$147 annual Part B deductible	Full coverage of Medicare deductible and coinsurance (as many days as medically necessary)
Mental health and substance abuse treatment in a general hospital, mental hospital, or substance abuse facility	<ul style="list-style-type: none"> <li>• Same as medical admissions</li> <li>• Coverage for mental hospital admission is limited to 190 days per lifetime</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 for as many days as medically necessary</li> </ul>
Skilled nursing facility* Participating with Medicare	<ul style="list-style-type: none"> <li>• Full coverage for days 1–20</li> <li>• Full coverage for days 21–100 after \$157.50 daily coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Full coverage of Medicare daily coinsurance for days 21–100</li> <li>• Full coverage (as many days as medically necessary)</li> </ul>
<b>Outpatient**</b>		
Emergency medical care services by a physician or other professional provider, hospital charges for medical care including podiatry, surgery and related anesthesia, radiation therapy, X-rays and laboratory tests, hemodialysis, pap smear tests, and mammograms	80% of approved services after \$147 annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Physical therapy, speech-pathology, and occupational therapy in a hospital or emergency room	80% of approved services, after \$147 annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Mental health and substance abuse treatment	80% of approved services after \$147 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 visits are not covered by Medicare, full benefits with no visit maximum</li> </ul>

## Extended Benefits\*\*\*

	Medicare Provides	Master Medical Carve-Out Pays
Physical therapy and speech-pathology (professional providers)	80% of approved services, after \$147 annual Part B deductible up to the Medicare-approved amount	After \$50 calendar-year Extended Benefits deductible, 80% of allowed charges, less any Medicare payments
Occupational therapy (professional providers)	80% of approved services, after \$147 annual Part B deductible up to the Medicare-approved amount	After \$50 calendar-year Extended Benefits deductible, 80% of allowed charges, less any Medicare payments
Durable medical equipment†	80% of approved services after \$147 annual Part B deductible	After \$50 calendar-year Extended Benefits deductible, 80% of allowed charges, less any Medicare payments
Chiropractor services	80% of approved services, after \$147 annual Part B deductible, only for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray	<ul style="list-style-type: none"> <li>• After \$50 calendar-year Extended Benefits deductible, 80% of allowed charges, less any Medicare payments for medical care to diagnose or treat an illness or injury and follow-up care related to an accident</li> <li>• Full coverage for chiropractor's services within three calendar days of an accident, diagnostic X-rays, and laboratory tests</li> </ul>
Medical care (professional providers, including podiatrists)	80% of approved services after \$147 annual Part B deductible	After \$50 calendar-year Extended Benefits deductible, 80% of allowed charges, less any Medicare payments
Home health care and visiting nurse association services††	Full coverage of approved services	After \$50 calendar-year Extended Benefits deductible, 80% of allowed charges, less any Medicare payments for part-time nursing care and physical therapy, if home health care conditions are met†
Ambulance services (to or from a hospital up to 100 miles)	80% of approved services after \$147 annual Part B deductible	After \$50 calendar-year Extended Benefits deductible, 80% of allowed charges, less any Medicare payments

\* Medicare imposes certain conditions in order for you to receive Medicare benefits for care in a skilled nursing facility. See your Medicare handbook for more details.

\*\* Most services may be provided in a hospital outpatient department, clinic, or physician's or other professional provider's office or a home.

\*\*\* If Medicare has already made an 80% payment for a covered service, you will be responsible for the 20% balance.

† Benefits include blood glucose monitors (claims must be submitted to Medicare first) and exercise equipment for use at home as part of a Cardiac Rehabilitation Program.

†† Full home health care benefits are provided when the home health care is provided after a discharge from an inpatient admission.

## Prescription Drug Benefits

	Medicare Provides	Master Medical Carve-Out Pays
Retail pharmacies (up to a 30-day supply)	Medicare does not provide coverage for most prescription drugs used outside of the hospital. See your Medicare handbook for certain covered drugs.	<ul style="list-style-type: none"> <li>• 80% coverage for drugs purchased at designated pharmacies in Massachusetts or any retail pharmacy outside of Massachusetts</li> <li>• When your 20% coinsurance equals \$200, benefits will be provided at 100% of the allowed charge for the rest of that calendar year</li> </ul>
Mail-service prescriptions (up to a 90-day formulary supply when purchased through the mail-service program)	No benefits	Full coverage after a: <ul style="list-style-type: none"> <li>• \$5 copayment for generic drugs</li> <li>• \$10 copayment for brand-name drugs</li> </ul>

## Get the Most from Your Plan.

Visit us at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral) or call **1-800-831-8730** to learn about discounts, savings, resources, and special programs that are available to you.

## Limitations and Exclusions.

These pages highlight some of the benefits under the Master Medical Carve-out A & B plan. The plan description defines the terms and conditions in greater detail. Should any questions arise concerning benefits, the plan description will govern. In Massachusetts, benefits are provided only when a covered service or supply is furnished by a participating provider. **Please note:** Blue Cross and Blue Shield of Massachusetts, Inc. is the administrator of the benefits described in this summary. Blue Cross and Blue Shield administers claims payments only and does not assume financial risk for claims.

## Questions?

Call **1-800-831-8730** (TTY) **1-800-522-1254**.

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)**

For more information about Blue Cross Blue Shield of Massachusetts, log on to: [www.bluecrossma.com](http://www.bluecrossma.com).

