



Medicare HMO BlueSM Frequently Asked Questions

Employer/union-sponsors and their retirees may inquire about alternative Medicare plan options after learning of next year's Medicare HMO Blue rate increases.

What is the plan premium in 2010?

For 2010, premium increases are estimated at 55 percent on average. The projected increases are a result of Centers for Medicare and Medicaid Services (CMS) changes to required premium rating methodologies.

How are medical benefits changing?

Effective January 1, 2010, Medicare HMO Blue coverage changes are as follows:

	In 2009 Members Pay	In 2010 Members Pay
Out-of-Pocket Maximum for Medicare-Covered Services	Not applicable	When the copayment and coinsurance amounts paid for Medicare covered services add up to \$3,400 during the year, members will not have to pay additional copayment and coinsurance amounts for covered services for the rest of the calendar year
Skilled Nursing Facility (SNF) Care	\$10/day for covered services up to a total of \$200 in each calendar year	\$20/day for covered services up to a total of \$400 in each calendar year
Durable Medicare Equipment, Prosthetic Devices and Related Supplies	Nothing	10% of total cost
Outpatient Surgery	\$0 to \$50/visit; nothing if admitted for inpatient services	\$0 to \$100/visit; nothing if admitted for inpatient services
Outpatient Diagnostic Services— Lab Services	Nothing	Nothing for routine lab tests; 10% of total costs for outpatient diagnostic lab tests
Outpatient Diagnostic Services— Radiology Services	Nothing	Nothing for most covered services; 10% of total costs for PET, CT, and MRI scans, and nuclear cardiology services (waived if conducted the



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	In 2009 Members Pay	In 2010 Members Pay
		same day as ER/outpatient surgery visit)
Physician Services—Primary Care Provider (PCP)	\$10/visit	\$15/visit
Physician Services—Specialty Care Provider	\$20/visit	\$25/visit
Outpatient Rehabilitation Services—Physical, Occupational, and Speech Therapy; Cardiac Rehabilitation Therapy	\$15/visit	\$10/visit
Outpatient Mental Health Care and Substance Abuse Services	\$20/visit, visits 1-10; \$30/visit, visits 11+	\$25/visit for all visits
Routine Dental Services	\$20/visit every 6 months	\$25/visit every 6 months
Routine Vision Exams	\$20/exam every 12 months	\$25/exam every 12 months
Routine Eyewear, Including Fittings and Evaluations	For items and services within the designated Davis Vision SM collection: \$0-\$57 every 24 months For items and services not in the Davis Vision designated collection, members pay every 24 months: <ul style="list-style-type: none"> All costs after \$90 for frames All costs after \$100 for contact lenses	All costs after \$150 every 24 months <i>Members must use Davis Vision network providers for routine vision and eyewear.</i>
Hearing Exam and Related Hearing Tests	You pay \$0/exam every 12 months	You pay \$25/exam every 12 months

How will plan changes be communicated?

Medicare HMO Blue members will receive their Annual Notice of Changes/Evidence of Coverage (ANOC/EOC) subscriber information by October 31, 2009 as required by CMS. An enclosed letter will describe changes to coverage if their employer/union-sponsor continues to offer the plan next year, and if the member continues their plan enrollment.

What other Medicare plan options are available?

If Medicare HMO Blue doesn't meet an employer/union-sponsor's needs, there are other Medicare options they may want to consider for their retirees. For example, Medicare PPO



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BlueSM is a convenient and reliable way for retirees to get coverage for Original Medicare services and other supplemental benefits, like routine dental, vision, and hearing services. Other Medicare plan options include: Medicare HMO BlueSM rider bundles for credible accounts, Medex[®] 2 with Blue MedicareRxSM, Medex 3, and Managed Blue for SeniorsSM.