



## Medicare PPO Blue<sup>SM</sup> Frequently Asked Questions

Effective January 1, 2010 Medicare PPO Blue plans will renew under a new standard medical plan similar to Blue Care Elect Preferred<sup>SM</sup> 90 with Copays. For credible accounts preferring plan design alternatives, new rider options will be available to supplement the new standard plan.

### What are the plan changes for 2010?


Some of the new standard plan coverage changes are included below. For summary benefit information, please refer to the plan Benefit Overview. Or, refer to the plan Evidence of Coverage for comprehensive plan details.

In addition to changes to the standard plan design, new enrollment eligibility guidelines extend enrollment to qualified accounts and their retirees residing in the plan's expanded multi-state service area (see chart footnote below for details).

	In 2009 Members Pay	In 2010 Members Pay
<b>Out-of-Pocket Maximum for Medicare-Covered Services</b>	In-Network: Nothing  Out-of-Network: Up to \$4,000 co-insurance maximum annually	When the <b>deductible, copayment and coinsurance</b> amounts paid for Medicare covered services whether in- or out-of-network 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
<b>Annual Deductible</b>	In-Network: Nothing  Out-of-Network: \$500	In-Network: \$250  Out-of-Network: \$250
<b>Inpatient Hospital Care</b>	In-Network: \$100/day, days 1-5; nothing for days 6+ (\$500 annual maximum)  Out-of-Network: 20% of total costs after deductible	In-Network: 10% of total costs after deductible*  Out-of-Network: 30% of total costs after deductible*



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<p><b>Skilled Nursing Facility (SNF) Care</b></p>	<p>In-Network: \$10/day up to a total of \$200 in each calendar year</p> <p>Out-of-Network: 20% of total costs/benefit period after deductible</p>	<p>In-Network: 10% of total costs/benefit period after deductible*</p> <p>Out-of-Network: 30% of total costs/benefit period after deductible*</p>
<p><b>Physician Visits</b></p>	<p>In-Network: \$15/Physician of Choice (POC) visit; \$25 for other physician visits</p> <p>Out-of-Network: \$40/visit</p>	<p>In-Network: \$25/visit after deductible*</p> <p>Out-of-Network: 20% of total costs after deductible*</p>
<p><b>New: Visitor/Travel Program*</b></p> <p>To help providers identify plan visitor/travel benefits, members will receive a new member ID card displaying the following logo:</p> 	<p>Not available</p>	<p>In-Network: In-network cost-sharing for plan covered benefits from participating Blue MA PPO network providers in the following states: Alabama, California, Florida, Idaho, Indiana, Kentucky, Massachusetts, Michigan, Missouri, Nevada, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, West Virginia, and Wisconsin; for some states listed, networks are only available in portions of the states after deductible*</p> <p>Out-of-Network: Out-of-network cost-sharing for covered services after deductible *</p>

\* Members pay lower in-network cost-sharing at participating Blue Medicare Advantage (MAPPO) network providers nationwide and when Blue MAPPO network providers are unavailable in the plan service area; members pay higher cost-sharing when they seek treatment from non-contracted providers outside the plan service area and when Blue MAPPO network providers are accessible in the plan service area; plan service area includes the following states: Alabama, Idaho, Massachusetts (except Berkshire, Dukes, and Nantucket counties), New Mexico, New York, North Carolina, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington and West Virginia. For some states listed, networks are only available in portions of the states (except in New Mexico, Oregon, Texas, Utah and Washington where networks are unavailable).

**How will plan changes be communicated?**

Medicare PPO Blue members will be notified of plan changes in mid- to late-October when they receive mandated Annual Notice of Changes/Evidence of Coverage (ANOC/EOC) plan information. The letter enclosed with member packets 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.