



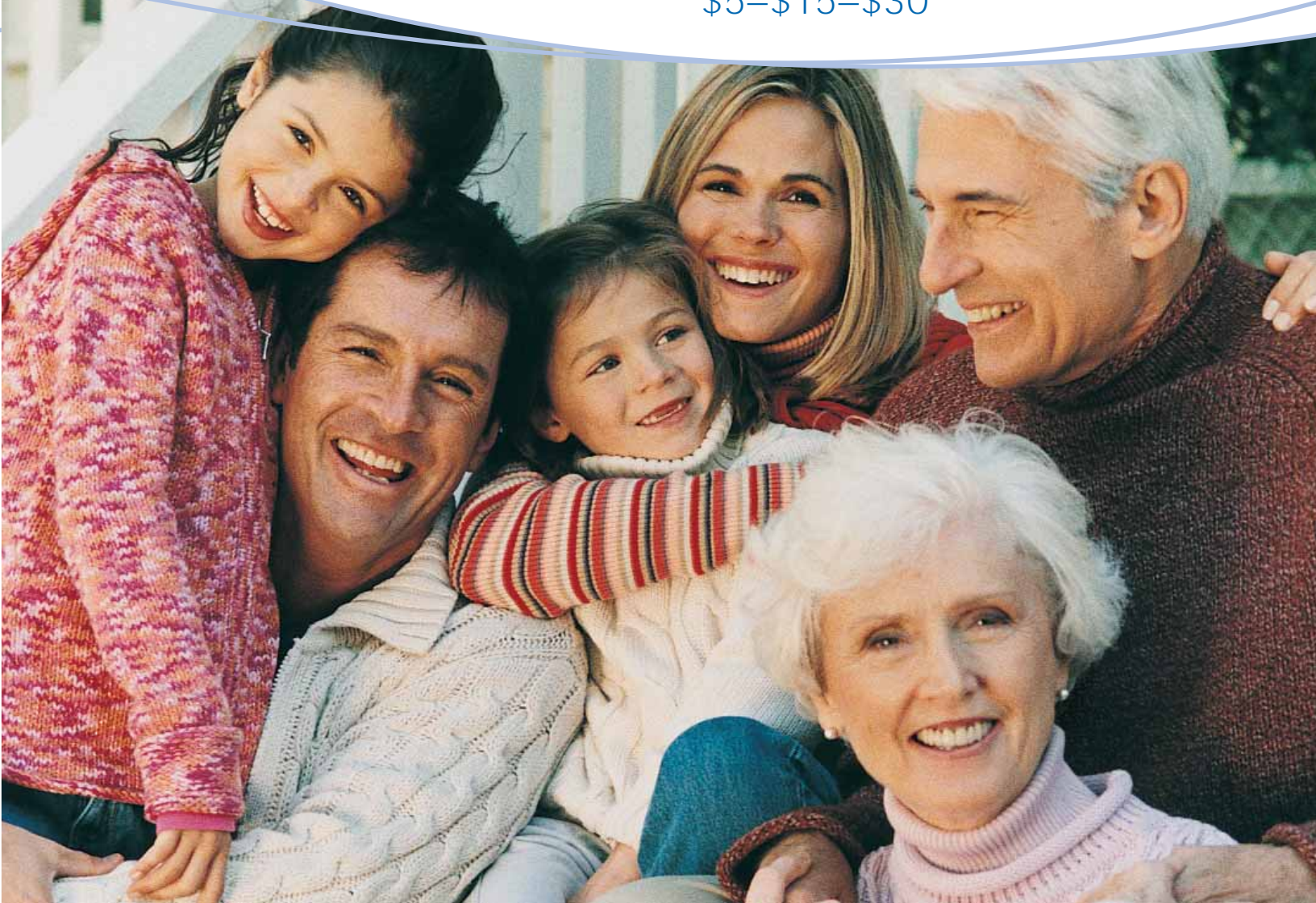
MASSACHUSETTS

Medicare | PPO BlueSM

Benefits Overview 2009

Drug Copayments

\$5–\$15–\$30



Medicare PPO Blue 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 PPO Blue Members

Plan Specifics	Your Cost for Covered Services You Get In-Network	Your Cost for Covered Services You Get Out-of-Network (after you pay your \$500 deductible)
Calendar-year deductible	\$0	\$500
Calendar-year co-insurance maximum (excludes prescription drug co-insurance)	\$2,000	\$4,000
Covered Services		
Doctor Office Visits		
Physician of Choice (POC) office visits	\$15 per visit	N/A
Other physician office visits	\$25 per visit	\$40 per 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	\$100 per day (\$500 annual maximum)	20% of the cost
Emergency Care		
Hospital emergency room visits	\$50 per visit, waived if admitted within 24 hours	\$50 per visit, waived if admitted within 24 hours (yearly deductible does not apply for emergency care)
Urgently Needed Care²		
Physician's office visit	\$15 per POC visit; \$25 per visit with other providers	\$40 per physician visit (yearly deductible does not apply)
Skilled Nursing Facility (SNF) Care		
Medically necessary care up to 100 days per benefit period ¹	\$10 per day (days 1–20) (\$200 annual maximum)	20% of the cost

1 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.

2 Urgently Needed Care is available in the U.S. when you are temporarily outside the plan's service area or in the service area when network providers are not available.

Covered Services for Medicare PPO Blue Members

Plan Specifics	Your Cost for Covered Services You Get In-Network	Your Cost for Covered Services You Get Out-of-Network (after you pay your \$500 deductible)
Mental Health and Substance Abuse Outpatient mental health and substance abuse care when medically necessary	\$15 per visit 1–10; \$25 per visit for 11+	20% of the cost
Inpatient care for mental health and substance abuse	\$100 per day (\$500 annual maximum)	20% of the cost
Preventive Care and Screening Tests Periodic checkups	\$15 per POC visit; \$25 per visit with other providers	\$40 per visit
Mammography screening every 12 months	\$0 (office visit copay may apply)	20% of the cost
Routine gynecological exam once per calendar year	\$15 per POC visit; \$25 per visit with other providers	20% of the cost
Prostate cancer screening exam once per year	\$0 (office visit copay may apply)	20% of the cost
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	\$25 per visit	\$40 per visit
Hearing Services Routine diagnostic hearing exam once every 12 months	\$0	\$40 per visit
Hearing aid, batteries, fittings, evaluations, and repairs up to \$400 every 36 months	All costs over \$400	All costs over \$400 (yearly deductible does not apply)
Vision Care Routine refractive eye exam once every 12 months	\$25 per visit	\$40 per visit
Eyewear once every 24 months up to a \$150 maximum	All costs over \$150	All costs over \$150 (yearly deductible does not apply)

Covered Services for Medicare PPO Blue Members

Plan Specifics	Your Cost for Covered Services You Get In-Network	Your Cost for Covered Services You Get Out-of-Network (after you pay your \$500 deductible)
Other Medicare-Covered Health Services		
Home health services (non-custodial)	\$0	20% of the cost
Durable medical equipment	10% of the cost	20% of the cost
Prosthetic devices and ostomy supplies	10% of the cost	20% of the cost
Outpatient diagnostic tests and X-rays	\$0 (office visit copay may apply)	20% of the cost
Outpatient radiation therapy	\$0 (office visit copay may apply)	20% of the cost
Podiatry Services		
Medicare-covered services	\$15 per POC visit; \$25 per visit with other providers	\$40 per visit
Chiropractic Services		
Manual manipulation of the spine to correct subluxation	\$25 per visit	20% of the cost
Health and Wellness Programs		
Disease-specific health and wellness education	\$0	\$0
Smoking cessation counseling	\$15 per POC visit; \$25 per visit with other providers	\$40 per visit
Health Promotion Programs		
Eligible health club membership or exercise classes up to \$150 maximum each calendar year	For these programs, the yearly deductible does not apply 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	

Covered Services for Medicare PPO Blue Members

Plan Specifics	Your Cost for Covered Services You Get In-Network	Your Cost for Covered Services You Get Out-of-Network
Prescription Drug Coverage^{3,4} At a participating retail pharmacy (up to a 30-day supply) ⁵	\$5 for generic drugs \$15 for preferred drugs \$30 for non-preferred drugs	\$5 for generic drugs \$15 for preferred drugs \$30 for non-preferred drugs (yearly deductible does not apply)
Through a participating mail service pharmacy (up to a 90-day supply)	\$10 for generic drugs \$30 for preferred drugs \$60 for non-preferred drugs	\$10 for generic drugs \$30 for preferred drugs \$60 for non-preferred drugs (yearly deductible does not apply)

- 3 Copayments apply until you have spent \$4,350 out-of-pocket for your prescription drug costs; thereafter you will pay \$2.40 for generics or drugs treated like generics, \$6.00 for all other drugs, or 5% of the prescription cost, whichever is greater.
- 4 Generic benzodiazepine and barbiturate medications covered by the plan are ineligible for catastrophic benefits under Medicare prescription drug plan rules. Therefore, costs for these medications will not accumulate as out-of-pocket costs which normally help you qualify for catastrophic coverage. The good news is that rather than pay the full cost of these medications during your coverage gap, where applicable, you will receive medications at the lesser of the drug cost or the plan's generic copayments described in the Initial Coverage section.
- 5 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.

Most people with Medicare may apply to the plan, including those who qualify on the basis of a disability. Members must be eligible for Medicare Part A and continue to pay the Part B premium. Enrolled members can go to doctors, specialists, and hospitals in or out of the network. Physicians of Choice (POC) are part of our preferred (in-network) provider network. Higher costs may apply for out-of-network services. Some in-network services may require prior authorization. Refer to the Evidence of Coverage for details.

Medicare Advantage contracts between the federal government and managed care organizations are valid for one year. The benefits, premiums, copayments, co-insurance, deductibles, and service areas offered by Medicare PPO Blue are subject to change January 1 of each year.

These pages summarize benefits under the Medicare PPO Blue plan. For a complete list of the benefits and conditions of the plan, consult the Evidence of Coverage. Should any questions arise concerning benefits, the Evidence of Coverage will govern.

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 Benefit Administrator



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