



MASSACHUSETTS

Benefits Overview 2016

Drug Copayments

\$10–\$20–\$35

Medicare | PPO Blue[®] (PPO)



Medicare PPO Blue (PPO) 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 (PPO) Members

Plan Specifics	In-Network	Out-of-Network
Calendar-Year Deductible	\$0	\$0
Out-of-Pocket Maximum	\$3,400 in-network or \$5,100 for combined in- and out-of-network medical services each calendar year—this is the maximum out-of-pocket amounts you pay each year for Medicare-covered services	
Covered Services	Your Cost for In-Network Services	Your Cost for Out-of-Network Services
Doctor's Office Visits	\$25 per visit	\$45 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)	\$150 per day—days 1–5 \$0 per day—after day 5	20% of the cost
Emergency Care¹ Hospital emergency room visits	\$75 per visit, waived if admitted within 24 hours	\$75 per visit, waived if admitted within 24 hours
Urgently Needed Care¹ Doctor's office visit	\$25 per visit	\$45 per 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/per benefit period	20% of the cost
Mental Health and Substance Abuse Outpatient mental health and substance abuse care when medically necessary	\$25 per visit	20% of the cost
Inpatient care for mental health and substance abuse	\$150 per day—days 1–5 \$0 per day—after day 5	20% of the cost

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 PPO Blue (PPO) Members

Covered Services	Your Cost for In-Network Services	Your Cost for Out-of-Network Services
Medicare-covered Preventive Care and Screening Tests	\$0	\$0
Mammography screening every 12 months	\$0	20% of the cost
Routine gynecological exam once every 24 months	\$0	20% of the cost
Prostate cancer screening exam once per year	\$0	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	\$45 per visit
Hearing Services		
Routine diagnostic hearing exam once every 12 months	\$25 per visit	\$45 per visit
Hearing aid, fittings, evaluations, and repairs up to \$400 every 36 months	All costs over \$400	All costs over \$400
Vision Care		
Routine refractive eye exam once every 12 months	\$25 per visit	\$45 per visit
Eyewear once every 24 months up to a \$150 maximum	All costs over \$150	All costs over \$150
Other Medicare-Covered Health Services		
Home health services (non-custodial)	\$0	20% of the cost
Durable medical equipment	10% of the cost (no cost for diabetes equipment and supplies*)	20% of the cost (no cost for diabetes equipment and supplies*)
Prosthetic devices and ostomy supplies	10% of the cost	20% of the cost

*Coverage for diabetic test strips is limited to Johnson and Johnson (OneTouch products) and Roche Diagnostics (Accu-Chek products) when purchased at participating retail and mail-order pharmacies. No coverage for other test strips. For additional information contact Member Service or refer to your Evidence of Coverage.

Covered Services	Your Cost for In-Network Services	Your Cost for Out-of-Network Services
Outpatient diagnostic tests and X-rays	\$10 for cost of lab 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); \$10 for X-rays and other diagnostic tests	20% of the cost of lab tests, X-rays and other diagnostic tests 40% of the cost of CT scans, MRIs, PET scans, and nuclear cardiac imaging tests
Outpatient radiation therapy	\$0	20% of the cost
Outpatient surgery	\$150 per visit	20% of the cost
Physical, occupational, and speech therapy	\$15 per visit	20% of the cost
Podiatry Services		
Medicare-covered services	\$25 per visit	\$45 per visit
Chiropractic Services		
Manual manipulation of the spine to correct subluxation	\$20 per visit	\$45 per visit
Health and Wellness Programs		
Disease-specific health and wellness education	\$0	\$0
Smoking cessation counseling	\$0	\$45 per visit
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	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	You pay any balance in excess of the \$150 limit

Covered Services for Medicare PPO Blue (PPO) Members

Covered Services	Your Cost for In-Network Services	Your Cost for Out-of-Network Services
Prescription Drug Coverage^{3,4} At a participating retail pharmacy (up to a 30-day supply) ⁴	\$10 for generic drugs \$20 for preferred drugs \$35 for non-preferred drugs	Available under special circumstances: \$10 for generic drugs \$20 for preferred drugs \$35 for non-preferred drugs
Through a participating mail service pharmacy (up to a 90-day supply)	\$20 for generic drugs \$40 for preferred drugs \$70 for non-preferred drugs	Available under special circumstances: \$20 for generic drugs \$40 for preferred drugs \$70 for non-preferred drugs

3. Prescription drug copayments apply until your out-of-pocket prescription drug costs for covered Part D drugs reach \$4,850; thereafter, you will pay \$2.95 for generics or drugs treated like generics, \$7.40 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 be entitled to Medicare Part A and enrolled in Medicare Part B. In most cases, people with end-stage renal disease (ESRD) cannot enroll in the plan. In addition, retirees must permanently reside in the plan service area. Blue Cross Blue Shield of Massachusetts' plan service area includes all 50 states, excluding U.S. territories. Network providers may not be available in some states or in portions of a state within the plan service area; in such cases network cost-sharing typically applies.

To locate a participating network provider:

- Call the Member Service phone line during regular business hours, or
- Call **1-800-810-BLUE (2583)** to find a Blue Medicare Advantage PPO provider, or
- Visit the Doctor & Hospital Finder at www.bcbs.com to find a Blue Medicare Advantage PPO provider.

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.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

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



MASSACHUSETTS