



MASSACHUSETTS

Medicare | PPO Blue<sup>SM</sup> (PPO)

## Benefits Overview 2010

Drug Copayments  
\$15–\$30–\$50



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	\$250	\$250
Calendar-year Out-of-Pocket Maximum	\$3,400 combined for in and out-of-network services (excludes prescription drug cost-sharing)	
Covered Services	Your Cost In-Network (after \$250 deductible)	Your Cost In-Network (after \$250 deductible)
<b>Doctor Office Visits</b>	\$25 per visit (yearly deductible does not apply for office visits)	20% of the cost after you pay your deductible
<b>Patient Hospital Care</b> Hospital care for illness or chronic disease for as many days as medically necessary, includes hospital care in a rehabilitation hospital <sup>1</sup>	10% of the cost	30% of the cost after you pay your deductible
<b>Emergency Care</b> Hospital emergency room visits	\$50 per visit, waived if admitted within 24 hours (yearly deductible does not apply)	\$50 per visit, waived if admitted within 24 hours (yearly deductible does not apply)
<b>Urgently Needed Care<sup>2</sup></b> Doctor office visit	\$25 per visit (yearly deductible does not apply)	20% of the cost after you pay your deductible
<b>Skilled Nursing Facility (SNF) Care</b> Medically necessary care up to 100 days per benefit period <sup>1</sup>	10% of the cost	30% of the cost
<b>Mental Health and Substance Abuse</b> Outpatient mental health and substance abuse care when medically necessary	\$25 per visit (yearly deductible does not apply)	20% of the cost
Inpatient care for mental health and substance abuse	10% of the cost	30% 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 (PPO) Members

Covered Services	Your Cost In-Network (after \$250 deductible)	Your Cost In-Network (after \$250 deductible)
<b>Preventive Care and Screening Tests</b>		
Periodic checkups	\$25 per visit (yearly deductible does not apply)	20% of the cost
Mammography screening every 12 months	\$0 (office visit copay may apply)	20% of the cost
Routine gynecological exam once per calendar year	\$25 per visit	20% of the cost
Prostate cancer screening exam once per year	\$0 (office visit copay may apply)	20% of the cost
<b>Routine Dental Services</b>		
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 (yearly deductible does not apply)	20% of the cost
<b>Hearing Services</b>		
Routine diagnostic hearing exam once every 12 months	\$25 per visit (yearly deductible does not apply)	20% of the cost
Hearing aid, batteries, fittings, evaluations, and repairs up to \$400 every 36 months	All costs over \$400 (yearly deductible does not apply)	All costs over \$400 (yearly deductible does not apply)
<b>Vision Care</b>		
Routine refractive eye exam once every 12 months	\$25 per visit (yearly deductible does not apply)	20% of the cost
Eyewear once every 24 months up to a \$150 maximum	All costs over \$150 (yearly deductible does not apply)	All costs over \$150 (yearly deductible does not apply)
<b>Other Medicare-Covered Health Services</b>		
Home health services (non-custodial)	10% of the cost	30% of the cost
Durable medical equipment	10% of the cost	30% of the cost
Prosthetic devices and ostomy supplies	10% of the cost	30% of the cost

# Covered Services for Medicare PPO Blue (PPO) Members

Covered Services	Your Cost In-Network (after \$250 deductible)	Your Cost In-Network (after \$250 deductible)
Outpatient diagnostic tests and X-rays	10% of the cost for diagnostic lab tests; \$0 for routine lab services; 10% of total costs for PET, CT and MRI scans and nuclear cardiology services, waived under some circumstances	30% of the cost
Outpatient radiation therapy	10% of the cost	30% of the cost
<b>Podiatry Services</b>		
Medicare-covered services	\$25 per visit (yearly deductible does not apply)	20% of the cost
<b>Chiropractic Services</b>		
Manual manipulation of the spine to correct subluxation	\$25 per visit (yearly deductible does not apply)	20% of the cost
<b>Health and Wellness Programs</b>		
Disease-specific health and wellness education	\$0	\$0
Smoking cessation counseling	\$25 per visit (yearly deductible does not apply)	20% of the cost
<b>Health Promotion Programs</b>		
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	
<b>Prescription Drug Coverage<sup>3,4</sup></b>		
At a participating retail pharmacy (up to a 30-day supply) <sup>5</sup>	\$15 for generic drugs \$30 for preferred drugs \$50 for non-preferred drugs (yearly deductible does not apply)	Available under special circumstances: \$15 for generic drugs \$30 for preferred drugs \$50 for non-preferred drugs (yearly deductible does not apply)
Through a participating mail service pharmacy (up to a 90-day supply)	\$30 for generic drugs \$60 for preferred drugs \$100 for non-preferred drugs (yearly deductible does not apply)	Available under special circumstances: \$30 for generic drugs \$60 for preferred drugs \$100 for non-preferred drugs (yearly deductible does not apply)

- 3 Copayments apply until you have spent \$4,550 out-of-pocket for your prescription drug costs; thereafter you will pay \$2.50 for generics or drugs treated like generics, \$6.30 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.

These pages summarize benefits under the Medicare PPO Blue (PPO) plan. Some services may require prior authorization. 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.

## Member Eligibility

To enroll in the plan, retirees must permanently reside in the plan service area\* and 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.

Under Medicare Advantage rules, retirees absent from the service area for more than six months must be disenrolled from the plan; however, in areas where the Visitor/Travel Program\*\* is offered members may remain in the plan while out of the plan service area for 6-12 months.

\* Blue Cross Blue Shield of Massachusetts' 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 state (except in New Mexico, Oregon, Texas, Utah, and Washington where networks are unavailable).

\*\* Participating Blue MAPPO network providers are available for the Visitor/Travel Program in 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 state.



## 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](http://www.bluecrossma.com/medicare)  
Or contact your Benefit Administrator

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 (PPO) are subject to change January 1 of each year.



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