



MASSACHUSETTS

Blue Medicare | PFFS<sup>SM</sup>

## Benefits Overview 2008

Drug Copayments

\$10–\$20–\$35



Blue Medicare PFFS is a Medicare Advantage Private Fee-for-Service 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

# Introduction to the Benefits Overview for Blue Medicare PFFS

January 1, 2008–December 31, 2008

Thank you for your interest in Blue Medicare PFFS. Our plan is offered by Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., a Medicare Advantage Private Fee-for-Service Organization (PFFS). This Benefits Overview tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## Where Is Blue Medicare PFFS Available?

The service area for this plan extends throughout the United States.

## Who Is Eligible To Join Blue Medicare PFFS?

You can join Blue Medicare PFFS if you are entitled to Medicare Part A and enrolled in Medicare Part B. However, individuals with End Stage Renal Disease are not eligible to enroll in Blue Medicare PFFS unless they are members of our organization, and have been since their dialysis began.

## Can I Choose My Providers?

A Medicare Advantage Private Fee-for-Service plan works differently than most plans. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, or otherwise agree to treat you, you will not be able to receive covered services from them under this plan. Providers can find the plan's terms and conditions on our website at [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider).

Blue Medicare PFFS does not use a network of health care providers. If you want to be sure your provider will treat you under the plan, we encourage you to contact them and ask if they will treat you as a Blue Medicare PFFS member. If your provider won't treat you, you must find another provider who will agree to do so. You must show your plan ID card every time you receive services.

## Does My Plan Cover Medicare Part B Or Part D Drugs?

Blue Medicare PFFS plans cover both Medicare Part B prescription drugs, Medicare Part D prescription drugs, and some medications Medicare doesn't cover, like benzodiazepine and barbiturate medications.

## Where Can I Get My Prescriptions If I Join This Plan?

Blue Medicare PFFS has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask us for a current Pharmacy Network List or visit us at [www.bluecrossma.com/medicare](http://www.bluecrossma.com/medicare). Our Member Service number is listed on the back cover.

## What Is A Prescription Drug Formulary?

Blue Medicare PFFS uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at [www.bluecrossma.com/medicare](http://www.bluecrossma.com/medicare).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## How Can I Get Extra Help With Prescription Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Blue Medicare PFFS, Medicare will tell us how much extra help you are getting.

If you are not getting this extra help you can see if you qualify by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call this number 24 hours a day, 7 days a week.

## What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected.

# Covered Services for Blue Medicare PFFS Members

	Your Cost
<b>Physician Office Visit</b>	
Office visits .....	\$25 per visit
<b>Specialty Care (when medically necessary)</b>	
Office visits .....	\$25 per visit
Diagnostic tests and X-rays .....	No charge
Outpatient surgery .....	\$100 per visit
Allergy testing and serum .....	No charge
Outpatient dialysis treatment .....	No charge
Outpatient radiation therapy .....	No charge
Cardiac rehabilitation services .....	\$25 per visit
Physical, occupational, and speech therapy .....	\$25 per visit
<b>Preventive Care</b>	
Periodic checkups .....	\$25 per visit
Routine GYN exam—one each calendar year .....	\$25 per visit
Screening mammograms—one every 12 months .....	No charge
Eye exams—one routine exam every 12 months .....	\$25 per visit
Eyewear, including contacts—one pair every 24 months .....	All costs after \$150
Hearing tests—one exam every 12 months .....	No charge
Hearing aids, batteries, and repairs—every 36 months .....	All costs after \$400
<b>Health Promotion Programs</b>	
Eligible health club membership and exercise classes—each calendar year .....	All costs after \$150
Eligible weight loss programs—each calendar year .....	All costs after \$150
<b>Inpatient Hospital Services</b>	
Unlimited days for medically necessary hospitalization in a semi-private room including a rehabilitation hospital <sup>1</sup> .....	\$200 per day (\$1,000 annual maximum)
Physician services .....	No charge
Intensive care services .....	No charge
Diagnostic tests and X-rays .....	No charge
Drugs provided by hospital during stay .....	No charge
Physical, occupational, and speech therapy .....	No charge
<b>Skilled Nursing Facility Care (when medically necessary)</b>	
Up to 100 days per benefit period <sup>1</sup> (no prior hospital stay required) .....	\$10 per day (Days 1–20) (\$200 annual maximum)
<b>Emergency Care</b>	
For emergencies worldwide	
Hospital emergency room (fee waived if admitted within 24 hours) .....	\$50 per visit

<sup>1</sup>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.

## Benefits at a Glance: A Condensed Benefits Overview from Blue Medicare PFFS

Urgently Needed Care	Your Cost	
For urgently needed care inside or outside of the service area		
Doctor's office	\$25 per visit	
<b>Mental Health and Substance Abuse (when medically necessary)</b>		
Inpatient care for mental health and substance abuse		
In an acute hospital	\$200 per day (\$1,000 annual maximum)	
In a psychiatric hospital (lifetime limit of 190 days)	\$200 per day (Days 1–5) (\$1,000 annual maximum)	
Outpatient care		
For mental health and substance abuse per calendar year	\$25 per visit	
<b>Other Health Services (when medically necessary)</b>		
Home health services (non-custodial)	No charge	
Durable medical equipment	No charge	
Prosthetic devices and ostomy supplies	No charge	
<b>Preventive Dental Services</b>		
One cleaning and one oral exam every six months, including one set of bitewing X-rays every six months	\$25 per visit	
<b>Podiatry Services</b>		
Medically necessary foot care	\$25 per visit	
<b>Chiropractic Services</b>		
Medically necessary spinal manipulation to correct subluxation	\$25 per visit	
<b>Prescription Drug Benefit<sup>2</sup></b>		
At a participating retail pharmacy (up to a 30-day supply) <sup>3</sup>	for generic drugs	\$10 copayment
	for preferred drugs	\$20 copayment
	for non-preferred drugs	\$35 copayment
Through a participating mail-service pharmacy (up to a 90-day supply)	for generic drugs	\$20 copayment
	for preferred drugs	\$40 copayment
	for non-preferred drugs	\$70 copayment

<sup>2</sup> Copayments apply until your yearly drug costs reach \$4,050; thereafter you will pay \$2.25 for generics or drugs treated like generics, \$5.60 for all other drugs, or 5% of the prescription cost, whichever is greater.

<sup>3</sup> 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.

For more information or help with enrollment,  
please call **1-800-678-2265** (TTY: **1-800-522-1254**)  
Monday through Friday, 8:00 a.m. to 5:00 p.m.  
or visit [www.bluecrossma.com/medicare](http://www.bluecrossma.com/medicare).

Most people with Medicare may apply, 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 must use providers who accept the Blue Medicare PFFS program terms and conditions.

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

These pages summarize benefits under your Blue Medicare PFFS plan. For a complete list of the benefits and conditions of your plan, consult your Evidence of Coverage. Should any questions arise concerning benefits, the Evidence of Coverage will govern. To receive a copy of the Evidence of Coverage, please call Blue Medicare PFFS at **1-800-678-2265** (current members should call **1-800-200-4255**) **TTY: 1-800-522-1254**.



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