



MASSACHUSETTS

Blue Medicare | PFFSSM

Benefits Overview 2009

Drug Copayments

\$10–\$25–\$45



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, 2009–December 31, 2009

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.

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. 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.

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
Physician Office Visit	
Office visits	\$25 per visit
Specialty Care (when medically necessary)	
Office visits	\$25 per visit
Diagnostic tests and X-rays	No charge
Outpatient surgery	\$100 per visit
Outpatient dialysis treatment	No charge
Outpatient radiation therapy	No charge
Cardiac rehabilitation services	\$25 per visit
Physical, occupational, and speech therapy	\$25 per visit
Preventive Care	
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, fittings, evaluations, and repairs—every 36 months	All costs after \$400
Health Promotion Programs	
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
Inpatient Hospital Services	
Unlimited days for medically necessary hospitalization in a semi-private room including a rehabilitation hospital ¹	\$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
Skilled Nursing Facility Care (when medically necessary)	
Up to 100 days per benefit period ¹ (no prior hospital stay required)	\$10 per day (Days 1–20) (\$200 annual maximum)
Emergency Care	
For emergencies worldwide	
Hospital emergency room (fee waived if admitted within 24 hours)	\$50 per visit

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.

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

Urgently Needed Care ²	Your Cost						
For urgently needed care inside or outside of the service area							
Doctor's office	\$25 per visit						
Mental Health and Substance Abuse (when medically necessary)							
Inpatient care for mental health and substance abuse							
In an acute hospital	\$200 per day (\$1,000 annual maximum)						
In a psychiatric hospital (lifetime limits apply)	\$200 per day (Days 1–5) (\$1,000 annual maximum)						
Outpatient care							
For mental health and substance abuse per calendar year	\$25 per visit						
Other Health Services (when medically necessary)							
Home health services (non-custodial)	No charge						
Durable medical equipment	No charge						
Prosthetic devices and ostomy supplies	No charge						
Preventive Dental Services							
One cleaning and one oral exam every six months, including one set of bitewing X-rays every six months	\$25 per visit						
Podiatry Services							
Medically necessary foot care	\$25 per visit						
Chiropractic Services							
Medically necessary spinal manipulation to correct subluxation	\$25 per visit						
Prescription Drug Benefit^{3,4}							
At a participating retail pharmacy (up to a 30-day supply) ⁵	<table border="0" style="margin-left: 20px;"> <tr> <td style="padding-right: 10px;">for generic drugs</td> <td style="text-align: right;">\$10 copayment</td> </tr> <tr> <td style="padding-right: 10px;">for preferred drugs</td> <td style="text-align: right;">\$25 copayment</td> </tr> <tr> <td style="padding-right: 10px;">for non-preferred drugs</td> <td style="text-align: right;">\$45 copayment</td> </tr> </table>	for generic drugs	\$10 copayment	for preferred drugs	\$25 copayment	for non-preferred drugs	\$45 copayment
for generic drugs	\$10 copayment						
for preferred drugs	\$25 copayment						
for non-preferred drugs	\$45 copayment						
Through a participating mail-service pharmacy (up to a 90-day supply)	<table border="0" style="margin-left: 20px;"> <tr> <td style="padding-right: 10px;">for generic drugs</td> <td style="text-align: right;">\$20 copayment</td> </tr> <tr> <td style="padding-right: 10px;">for preferred drugs</td> <td style="text-align: right;">\$50 copayment</td> </tr> <tr> <td style="padding-right: 10px;">for non-preferred drugs</td> <td style="text-align: right;">\$90 copayment</td> </tr> </table>	for generic drugs	\$20 copayment	for preferred drugs	\$50 copayment	for non-preferred drugs	\$90 copayment
for generic drugs	\$20 copayment						
for preferred drugs	\$50 copayment						
for non-preferred drugs	\$90 copayment						

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.

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.

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

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.



MASSACHUSETTS