

SOLUTION TO SUPPLEMENT MEDICARE



With Medex Choice, you'll get the coverage you need—coverage that goes beyond Original Medicare.

TABLE OF CONTENTS

Medex Choice	2-4
Medex Choice: How Does it Work?	2-3
An Introduction to Medex Choice	4
Medicare	5-7
What Is Original Medicare?	5
Why Do I Need to Supplement Medicare?	6
Medicare Coverage	7
Medicare and Medex Choice Together	8-13
Medicare Coverage Combined with Medex Choice	8-11
Medex Coverage - Wellness Programs	12
Medex Choice Advantages	13
Enrollment in Medex Choice	14-17
Am I Eligible for Medex Choice?	14
When Do I Enroll?	15
How Do I Enroll?	16
When Will My Coverage Begin?	17
Miscellaneous Information	18-21
How Referrals Work	18-19
Helpful Numbers	20
Premium Rates	21

MEDEX CHOICE: HOW DOES IT WORK?

Many people who enroll in Original Medicare are surprised to learn that it doesn't provide the coverage they expect. After all, deductibles, co-insurance, and gaps in health care coverage can amount to thousands of dollars in expenses a year. That's why so many Massachusetts residents with Medicare turn to Blue Cross Blue Shield of Massachusetts. Medex Choice,¹ a part of our family of Medicare supplement plans, is designed to cover these gaps in Medicare.

Medex Choice helps you save money by lowering your out-of-pocket expenses. Medex Choice covers the gaps in your Medicare benefits by paying all, or part, of the costs you have to pay for Medicare-covered services (like your Medicare deductible and co-insurance) and some other services that are not covered by Medicare.



When you enroll in Original Medicare, you will be required to:

- **Choose a primary care provider (PCP)**
- **Follow plan requirements—including referrals to specialists**

Important Notes:

- Benefits received outside of the HMO Blue network are only covered by Original Medicare, except in the case of emergency medical care and urgent care.
- If you choose your PCP from one of the Medex Choice Medical groups listed on the next page, you will receive Medex Choice enhanced coverage.
- Medex Choice enhanced coverage includes coverage for 100% of your Medicare Part A and B deductibles and for Medicare-covered admissions in a skilled nursing facility, days 1 through 100.
- If you choose a non-Choice PCP, you will receive more limited coverage. See pages 8-14 for more details.

1. Medex Choice is a Medicare supplement plan from Blue Cross Blue Shield of Massachusetts HMO Blue, a wholly controlled subsidiary of Blue Cross and Blue Shield of Massachusetts.

Choice Primary Care Providers (PCPs)²

- Atrius Health³
- Baycare Health Partners
- Beth Israel Deaconess Physician Organization
- Cooley Dickinson Physician Hospital Organization
- Mount Auburn Cambridge Independent Practice Association
- Partners[®] HealthCare
- Steward Health Care System[®]
- All HMO Blue primary care providers in Berkshire County



www.bluecrossma.com/Medicare



1-800-678-2265 (TTY: 711)

**Monday through Friday,
8:00 a.m. to 6:00 p.m. ET**

Visit www.bluecrossma.com/findadoctor

to choose your Choice PCP or, if you need help choosing a PCP, call Blue Cross Blue Shield of Massachusetts at **1-800-258-2226 (TTY: 711)**, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

Please take a moment to review this easy-to-follow booklet. We'll explain everything you need to know about Medex Choice. If you have any questions about coverage—or about our other Medex plans (Medex Bronze or Medex Core)—call us toll-free at **1-800-678-2265 (TTY: 711)**. Our office hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. ET. You can also visit our website at www.bluecrossma.com/medicare for more information.

2. Primary care providers (PCPs) are part of the Blue Cross Blue Shield of Massachusetts HMO Blue[®] provider network. When you need specialized care, your PCP will work with you to identify the best doctor for your care and provide a referral, most often to doctors and hospitals with whom they are affiliated in the HMO Blue[®] provider Network. Please see page 18 to learn more about referrals.

3. Harvard Vanguard Medical Associates, Granite Medical Group and Dedham Medical Associates.

AN INTRODUCTION TO MEDEX CHOICE

Medex Choice is a Medicare supplement plan offered by Blue Cross Blue Shield of Massachusetts HMO Blue, a wholly controlled subsidiary of Blue Cross and Blue Shield of Massachusetts. It can be added to Medicare A and B coverage to fill “gaps” in your Medicare coverage.

As a supplemental insurance plan, Medex Choice helps cover health care expenses left over after Medicare has covered its portion of costs.



When you enroll in Medex Choice coverage, you will be required to choose a primary care provider from the HMO Blue network. The primary care provider that you choose is referred to as your PCP.

If you choose your PCP from one of the medical groups on page 3, you will be eligible to receive Medex Choice enhanced coverage, such as full coverage for your Medicare Part A and Part B deductibles and for Medicare-covered admissions in a skilled nursing facility.

Your Choice PCP will usually refer you to a provider affiliated with their Medex Choice medical group for needed specialist or hospital care.

Medex Choice may cover some or virtually all of Medicare cost-sharing amounts, or “gaps,” as well as some services not covered by Medicare. You’ll learn more about Medicare cost-sharing amounts in the next few pages.

But let’s begin by exploring how Medicare works and how you might benefit from our Medex Choice supplemental plan.

Medex Choice policy will not restrict payment for covered services provided by non-HMO Blue network providers if both of the following conditions exist: (a) The services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury, or condition; and (b) is it not reasonable to obtain services through HMO Blue network providers.

WHAT IS ORIGINAL MEDICARE?

Original Medicare is a federally funded health insurance plan. It is designed for people age 65 or older and some disabled people under age 65.

Original Medicare has two parts:



MEDICARE PART A

(Hospital insurance) pays for inpatient hospital expenses.

SERVICES COVERED:

Facility Care

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health services

MEDICARE PART B

(Medical insurance) pays for outpatient hospital charges, doctor visits, and many other medical services not covered by Part A.

SERVICES COVERED:

Medical Expenses

- Doctors' services
- Physical and speech therapy
- Diagnostic tests
- Ambulance trips
- Durable medical equipment
- Diabetic testing supplies

MEDICARE COVERAGE (Without Supplemental Insurance)

WHY DO I NEED TO SUPPLEMENT MEDICARE?

Although Medicare pays a large portion of your medical expenses, you are responsible for the remaining costs. Also, Medicare does not cover all medical services in all situations.

Here are some important things to know about Medicare:

- You may have to pay deductible and co-insurance costs. When Medicare covers a service, you often must pay for a portion of the cost. Your portion is referred to as a deductible or co-insurance. Deductibles are the amount you are responsible for before Medicare begins to pay, and they are subject to change from year to year. After your deductible is paid, you may need to pay an additional amount—usually 20 percent of the cost for the service, called co-insurance.
- Expenses that are not covered by Medicare are often referred to as “gaps.” Medicare supplement (“Medigap”) plans, such as Medex, help to fill in these coverage gaps. They help you pay Medicare’s deductible and co-insurance costs, and cover certain services Medicare doesn’t.

Please refer to the charts on pages 8 through 11 for coverage when Medicare is combined with Medex Choice.

These Medicare benefits are effective January 1, 2018.
 Medicare deductibles and co-insurances are subject to change each year.

Medicare Part A	Your Cost
Inpatient Hospital Care	
Days 1–60 each benefit period: 100% coverage after you pay the \$1,340 deductible	\$1,340 deductible
Days 61–90 each benefit period: 100% coverage after you pay \$335 per day co-insurance	\$335 per day co-insurance
Days 91–150 (60 lifetime reserve days): 100% coverage after you pay \$670 per day co-insurance	\$670 per day co-insurance
After day 150: no coverage	All costs after 150 days
Skilled Nursing Facility Care	
Days 1–20 each benefit period: 100% coverage	No cost
Days 21–100 each benefit period: 100% coverage after you pay \$167.50 per day co-insurance	\$167.50 per day co-insurance
No coverage after 100 days in a benefit period	All costs after 100 days

Medicare Part B	Your Cost
Medical Expenses <ul style="list-style-type: none"> • Ambulance trips • Diagnostic tests • Durable medical equipment 	<ul style="list-style-type: none"> • Diabetic testing supplies • Doctors' services • Physical & speech therapy
Coverage begins after you pay the \$183 calendar-year deductible	\$183 deductible
Medicare covers 80% of the Medicare-approved amount; you pay 20% co-insurance	20% co-insurance
Prescription Drugs	
Members may voluntarily purchase Medicare Part D, which covers prescription drugs (unless the drug is covered under Part B)	Most outpatient prescription costs
Routine Services and Preventive Care	
100% coverage for specific Medicare preventive services. A complete listing is found on the Medicare website, www.medicare.gov	No cost when Medicare covers the preventive service in full and provider accepts assignment

MEDICARE COVERAGE (Combined with Medex Choice)

		Medicare	Medex Choice (with Choice PCP)	Medex Choice (with other PCP)
Hospital Services	1–60 Days	Coverage for 60 days, after the \$1,340 deductible ¹	Full coverage of the Medicare deductible and co-insurance	Coverage for Medicare daily co-insurance after you pay the \$1,340 Part A deductible
	61–90 Days	Coverage for 61–90 days, after \$335 daily co-insurance		
	Lifetime Reserve Days	Coverage for an additional 60 lifetime reserve days, after \$670 daily co-insurance	Full coverage for lifetime reserve co-insurance, then an additional 365 days per lifetime when Medicare benefits end	Full coverage for lifetime reserve co-insurance, then an additional 365 days per lifetime when Medicare benefits end
Skilled Nursing Facility	1–20 Days	Full coverage for 20 days in a Medicare-participating facility	Covered by Medicare	Covered by Medicare
	21–100 Days	Coverage for days 21–100, after \$167.50 daily co-insurance	Full coverage for Medicare daily co-insurance for days 21–100	No coverage
	101+ Days	No coverage after 100 days	\$10 a day for days 101–365 ² at a Medicare-participating facility	No coverage
Physician and Other Provider Services Care in the Hospital		80% coverage of approved services, after the \$183 annual Part B deductible	Full coverage of the Medicare deductible and co-insurance	Coverage of 20% co-insurance after you pay the \$183 annual Part B deductible
Physician and Other Provider Services Outpatient Department Visits, Office Visits, and Patient Home Visits		80% coverage of approved services, after the \$183 annual Part B deductible	Full coverage of the Medicare deductible and co-insurance	Coverage of 20% co-insurance after you pay the \$183 annual Part B deductible
Other Part B Services Ambulance Trips, Durable Medical Equipment, Etc.		80% coverage of approved services, after the \$183 annual Part B deductible	Full coverage of the Medicare deductible and co-insurance	Coverage of 20% co-insurance, after you pay the \$183 annual Part B deductible

Note: Although the \$183 calendar-year Medicare medical insurance (Part B) deductible appears more than once in this benefit chart, only one \$183 deductible is applicable in a calendar year.

The Medex policy defines the terms and conditions of all the Medex plans in greater detail. Should any questions arise concerning benefits, the Medex policy will govern.

1. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.
2. Choice coverage also includes \$8 a day for days 1–365 at a non-Medicare-participating facility.

These Medicare benefits are effective January 1, 2018. Medicare deductibles and co-insurances are subject to change each year.

		Medicare	Medex Choice (with Choice PCP)	Medex Choice (with other PCP)
Biologically Based Mental Conditions ¹	Inpatient Admissions in a General Hospital or Mental Hospital	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period, after the \$1,340 inpatient deductible² • Coverage for days 61–90, after \$335 daily co-insurance • Coverage for an additional 60 lifetime reserve days, after \$670 daily co-insurance • Coverage for mental hospital admissions is limited to 190 days per lifetime 	<ul style="list-style-type: none"> • Full coverage of the Medicare deductible and co-insurance • Full coverage of lifetime reserve days co-insurance • Full coverage of up to 365 additional hospital days in your lifetime when Medicare benefits end³ 	<ul style="list-style-type: none"> • Coverage for Medicare daily co-insurance after you pay the \$1,340 Part A deductible • Full coverage of lifetime reserve days co-insurance • Full coverage of up to 365 additional hospital days in your lifetime when Medicare benefits end³
	Outpatient Visits	Full benefits, less the Part B deductible and co-insurance	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of the Medicare deductible and co-insurance • When not covered by Medicare, full Medex benefits with no visit maximum 	<ul style="list-style-type: none"> • When covered by Medicare, coverage of 20% co-insurance, after you pay the \$183 annual Part B deductible • When not covered by Medicare, full Medex benefits with no visit maximum

1. Biologically based mental conditions are defined as: schizophrenia; schizoaffective disorder; major depressive disorder; bipolar disorder; paranoia and other psychotic disorders; obsessive-compulsive disorder; panic disorder; delirium and dementia; affective disorders; eating disorders; substance abuse; post-traumatic stress disorder (PTSD); autism; and any biologically based mental disorders that are scientifically recognized and approved by the Massachusetts Department of Mental Health. Treatment for rape-related mental or emotional disorders is covered to the same extent as biologically based conditions.

2. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.

3. The 365 additional days per lifetime are a combination of days in a general hospital or a mental hospital.

MEDICARE COVERAGE (Combined with Medex Choice)

		Medicare	Medex Choice (with Choice PCP)	Medex Choice (with other PCP)
Non-Biologically Based Mental Conditions (includes drug addiction and alcoholism)	Inpatient Admissions in a General Hospital	<ul style="list-style-type: none"> Coverage for days 1–60 per benefit period, after the \$1,340 inpatient deductible¹ Coverage for days 61–90, after \$335 daily co-insurance Coverage for an additional 60 lifetime reserve days, after \$670 daily co-insurance 	<ul style="list-style-type: none"> Full coverage of the Medicare deductible and co-insurance Full coverage of lifetime reserve days co-insurance Full coverage of up to 365 additional hospital days in your lifetime when Medicare benefits end² 	<ul style="list-style-type: none"> Coverage for Medicare daily co-insurance after you pay the \$1,340 Part A deductible Full coverage of lifetime reserve days co-insurance Full coverage of up to 365 additional hospital days in your lifetime when Medicare benefits end²
	Inpatient Admissions in a Mental Hospital	Same coverage as general hospital, but coverage limited to 190 days per lifetime	<ul style="list-style-type: none"> Full coverage of the Medicare deductible and co-insurance Full coverage of lifetime reserve days co-insurance When Medicare days are used up, 60 days per calendar year, less any days in a mental hospital already covered by Medicare or Medex in that calendar year 	<ul style="list-style-type: none"> Coverage for Medicare daily co-insurance after you pay the \$1,340 Part A deductible Full coverage of lifetime reserve days co-insurance When Medicare days are used up, 60 days per calendar year, less any days in a mental hospital already covered by Medicare or Medex in that calendar year
	Outpatient Visits	Full benefits, less the Part B deductible and co-insurance	<ul style="list-style-type: none"> When covered by Medicare, full coverage of Part B deductible and co-insurance with no visit maximum When not covered by Medicare, full Medex benefits with no visit maximum 	<ul style="list-style-type: none"> When covered by Medicare, coverage of 20% co-insurance, after you pay the \$183 annual Part B deductible When not covered by Medicare, full Medex benefits with no visit maximum

These Medicare benefits are effective January 1, 2018. Medicare deductibles and co-insurances are subject to change each year.

	Medicare	Medex Choice (with Choice PCP)	Medex Choice (with other PCP)
Diabetic Testing Supplies³	80% coverage of approved services, after the \$183 annual Part B deductible	For blood glucose monitoring equipment and supplies covered by Medicare: <ul style="list-style-type: none"> • Full coverage of the Medicare deductible and co-insurance For urine-testing materials (not covered by Medicare): <ul style="list-style-type: none"> • 100% coverage of allowed charges 	For blood glucose monitoring equipment and supplies covered by Medicare: <ul style="list-style-type: none"> • Coverage for Medicare co-insurance For urine-testing materials (not covered by Medicare): <ul style="list-style-type: none"> • 100% coverage of allowed charges
		Medex Choice	
Fitness Benefit	N/A	Medex members may receive up to \$150 per calendar year in qualified health club membership fees and exercise classes	
Weight Loss Benefit	N/A	Medex members may receive up to \$150 per calendar year when enrolled in a qualified Weight Watchers [®] or hospital-based weight-loss program	

1. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.
2. The 365 additional days per lifetime are a combination of days in a general hospital or a mental hospital.
3. Medicare covers blood glucose materials for all diabetics, whether or not insulin-dependent. Medicare does not cover urine-testing materials.

This chart does not include all Medicare benefits. Please refer to the Medicare & You handbook published by the Centers for Medicare and Medicaid Services for more information about Medicare benefits, or call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048). You can also visit www.cms.gov for more information.

MEDEX COVERAGE WELLNESS PROGRAMS



Fitness Benefit

- When a member is enrolled in a qualified health club or fitness facility, they can receive up to \$150 per calendar year toward club membership fees and exercise classes.

Qualifying programs include:

- Health clubs with a variety of cardiovascular and strength-training exercise equipment—e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers.
- Fitness classes available at participating Councils on Aging facilities.

Programs that DO NOT qualify:

Martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams or leagues. You cannot receive the Fitness Benefit for any aerobic or fitness activity fees paid to a non-qualified health club or fitness center, or for personal training, lessons, coaching, exercise equipment, or clothing.



Weight-Loss Benefit

- When a member is enrolled in a qualified Weight Watchers® or hospital-based weight-loss program, they can receive up to \$150 per calendar year toward program fees.

Qualifying programs include:

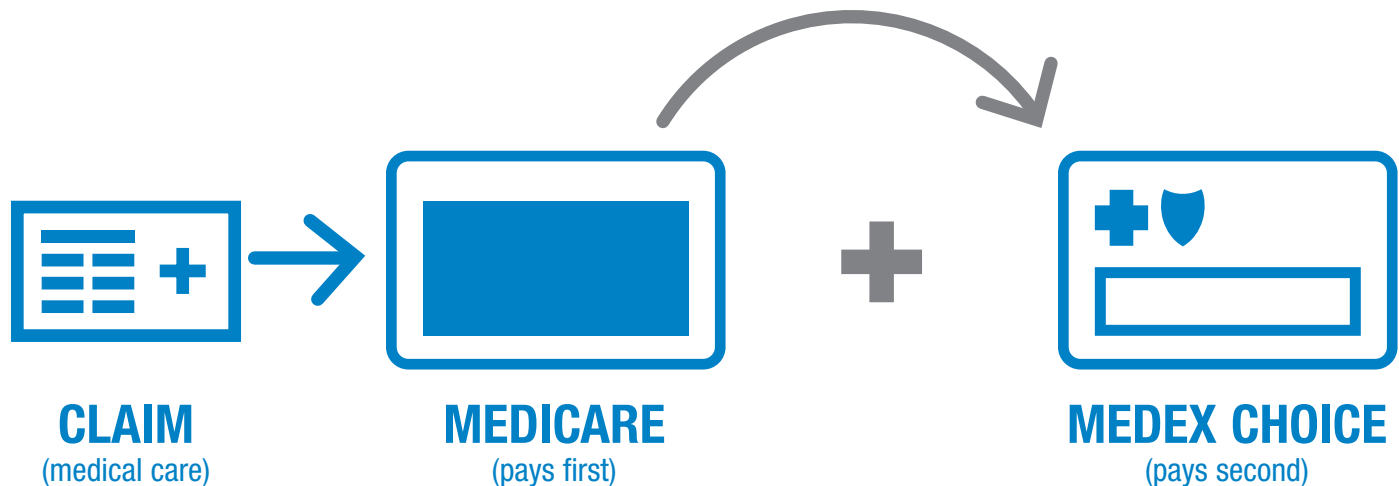
- Traditional Weight Watchers meetings and Weight Watchers At Work program.
- Hospital based weight-loss programs.

Programs that DO NOT qualify:

- Individual nutrition counseling sessions.
- Prepackaged meals, books, videos, scales, or other items and supplies.
- Weight Watchers Online and Weight Watchers At Home programs.

MEDEX CHOICE ADVANTAGES

With Medex Choice, you show two cards when you receive medical care: your Medicare card and your Medex Choice card. Medicare pays first.



Medex Choice has many advantages when you choose a Choice PCP (see pages 2 and 3 for more information):

- Coverage for the Medicare Part A deductible
- Coverage for the Medicare Part B deductible
- Coverage for skilled nursing co-insurance for days 21 through 100
- Coverage for physician services co-insurance
- You can change your Medex coverage to another Medex plan at any time during the year. Your coverage in the new plan will begin the first of the month following receipt of your request to change plans.

With Medex Choice, you'll also get:

- Up to \$150 per calendar year in qualified health club membership fees and exercise classes (Fitness Benefit), and up to \$150 per calendar year when enrolled in a qualified Weight Watchers® or hospital-based weight-loss program (Weight-Loss Benefit)
- The peace of mind of a Blue Cross Blue Shield ID card—the most recognized ID card in health care today

AM I ELIGIBLE FOR MEDEX CHOICE?

You are eligible for Medex Choice if you meet the following requirements:

- Live in Massachusetts.
- Are enrolled (or will be enrolling) in both Medicare Part A and Part B.
- May also be eligible if you are under 65 and have a disability other than end-stage renal disease.

Note: If you are already covered by both Medicare and Medicaid, you may not need the additional coverage that Medex would provide. For more information, contact the Massachusetts Executive Office of Elder Affairs insurance counseling program at 1-800-882-2003.



WHEN DO I ENROLL?

You can apply for Medex during initial eligibility or continuous Open Enrollment, and in special situations.

Initial eligibility

You are considered “initially eligible” if one of the situations in the chart below applies to you.

If You Are:	You May Apply for Medex:
Under 65	
Enrolling in Medicare due to a disability other than end-stage renal disease (ESRD)	Within six months of your Medicare Part B effective date
Approaching 65	
Enrolling in both parts of Medicare	Within six months of your 65th birthday
Over 65	
Retiring from an employer-sponsored health plan and enrolled in Medicare Part B or enrolling in Medicare Part B	Within six months of your Medicare Part B effective date
Over or Under 65	
Involuntarily losing an employer-sponsored retiree health plan	Within six months of the event
Moving out of the service area of a Medicare health maintenance organization (HMO)	
Becoming a resident of Massachusetts	

Medex Continuous Open Enrollment

You may apply for Medex coverage at any time. Your coverage will begin the first of the month following the receipt of the application.

Please note: If you wish to switch from a Medicare Advantage plan to a Medex plan, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048) to learn how to dis-enroll from your Medicare Advantage plan.

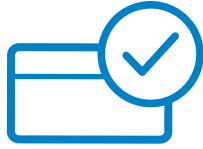
HOW DO I ENROLL?

If you want to enroll in Medex Choice, just follow these easy steps:



1.

Decide if you want to be billed monthly or quarterly. You may find the quarterly billing option more convenient if you plan to travel for more than a few weeks at a time. You must also decide if you want your premium to be due on the 1st or 15th of each month.



2.

Enroll by phone, mail, or fax. See below for details. In addition to your name and address, you will need to provide the Medicare health insurance claim number that appears on your Medicare card. (If you don't have your Medicare card, contact the Social Security Administration office).



Medex Choice requires applicants to select a primary care provider (PCP) from the HMO Blue Network. Please go to www.bluecrossma.com/findadoctor to choose your Choice PCP and to obtain the PCP's ID number. If you need help choosing a PCP or finding the PCP ID number, please call **1-800-258-2226 (TTY: 711)**, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

Please note that spouses need to fill out separate applications. If you receive your health benefits through a group contract (such as a former employer), please follow that group's enrollment procedures. Make sure that you keep a copy for your records.

ENROLLING IS EASY

If you're ready to enroll in Medex Choice, you can enroll by telephone, by mail, or by fax:

- **TELEPHONE:** Call **1-800-678-2265**, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.
- **MAIL:** Complete and return the enclosed enrollment form in the pre-addressed business reply envelope provided.
- **FAX:** You may also fax your completed enrollment form to us at 1-617-246-3633.

And that's it! No need to send your premium payment with the application. You will receive a bill after your application has been processed. If you have any questions about enrolling, please feel free to call us at **1-800-678-2265**.

WHEN WILL MY COVERAGE BEGIN?

Effective Date of Your Coverage

If you do not yet have Medicare coverage, the effective date of your Medex Choice coverage is determined by the effective date of your Medicare Part B coverage.

If you already have Medicare coverage, your effective date is determined by the date we receive your application.

When Your Application Is Received	Your Medex Coverage Will Begin
Before the effective date of your Medicare coverage	The same day as your Medicare coverage
<ul style="list-style-type: none">• If you enroll within the first six months of your Medicare Part B coverage or• If you enroll during continuous open enrollment	The first day of the month following the month your application is received

Please Note: If you haven't enrolled in Medicare, contact your local Social Security Administration office three months prior to your 65th birthday.



HOW REFERRALS WORK

Your Choice primary care provider (PCP) will often refer you to health care providers within their own groups and to hospitals they know and trust.

This helps the doctors who care for you communicate better and give you more coordinated health care. Although a friend or relative may recommend a particular doctor, your primary care provider's expert recommendation is based on what's best for your specific medical condition.

What Is a Referral?

When you and your primary care provider determine that you need specialized care, your primary care provider "refers" you to a provider within the HMO Blue provider Network. A referral is required by your Medex Choice plan before the plan will cover certain services. If you do not have a referral from your PCP before you get care from an HMO Blue specialist, your Medex Choice plan may not provide coverage for your care. In this situation, you will still be covered for your Medicare benefits. But, you may have to pay the costs that are not covered by Medicare (such as your Medicare deductibles and coinsurance). It's important that the referral comes from your primary care provider—not only because your plan requires it, but also because your primary care provider needs to be involved with the care you're receiving so they can coordinate with you and your specialist on an ongoing basis.

Why Do I Have to Check with My Primary Care Provider Before Seeing a Specialist?

Your primary care provider knows your history and overall health, so they are best qualified to help you decide if you should see a specialist. In order to better coordinate your care, they may want to evaluate your needs before you see a specialist. Your primary care provider is committed to making sure you get the right care, at the right time, in the right setting—including when you need to see a specialist.

How Do I Request a Referral?

Contact your primary care provider to discuss your health situation. Together you can decide if you need a specialist. If you do need a specialist, your primary care provider will help you choose the most appropriate doctor for the care you need. Be sure to have this conversation before you visit a specialist. If you do not have a referral from your PCP before you get care from a specialist, your Medex Choice plan may not provide coverage for your care. In this situation, you still have the right to receive your Medicare benefits. But, you may have to pay the costs that are not covered by Medicare (such as your Medicare deductibles and co-insurance).

Where Will I Be Referred for Services and Specialties?

Your primary care provider relies on a trusted network that includes a wide range of specialists to carry out your treatment plan. Primary care providers (PCPs) are part of the Blue Cross Blue Shield of Massachusetts HMO Blue® provider network. When you need specialized care, your PCP will work with you to identify the best doctor for your care and provide a referral, most often to doctors and hospitals with whom they are affiliated in the HMO Blue® provider Network.

It's very important to always discuss your clinical condition and concerns with your primary care provider to determine if a specialist visit is needed and which doctor is best for you.

Are There Times When I Don't Need a Referral?

Because your primary care provider coordinates your care, you should always let them know when you seek treatment of any kind. There are certain instances, however, when you don't need a referral from your primary care provider and will still be covered by your plan. Some examples include emergency medical care, covered annual gynecological exams, and required follow-up services. **If you do not have a required referral from your primary care provider before you get care from a specialist, Medex Choice may not provide coverage for your care.** You will still be covered for your Medicare benefits, whether or not you have a referral from your PCP for the care.

Who Should I See if an Emergency Room Recommends Follow-Up Care at Their Facility?

As the coordinator of your care, you should always contact your selected primary care provider about your emergency room visit. He or she will determine the best follow-up care for you.

How Do I Know if My Health Plan Requires Referrals?

There are several ways to learn about your plan's referral requirements:

- Visit Member Central at www.bluecrossma.com/membercentral
- Call Member Service at the number on the front of your Blue Cross ID card

It's essential that you fully understand your plan's referral requirements, because if you don't get a required referral prior to receiving non-emergency care, Medex Choice may not provide coverage for your care.

Who Do I Call if I Have a Question About a Referral?

If you need information about whether a service is covered or requires a referral, please call Member Service at the number on the front of your Blue Cross ID card or visit www.bluecrossma.com/myblue.

HELPFUL NUMBERS

We understand that health care can be confusing, particularly when plans like Medicare and Medex are combined. The resources provided below can help you determine who to call to get the information you need.

Blue Cross Blue Shield of Massachusetts

Blue Cross Blue Shield of Massachusetts associates can answer questions regarding Medex options, premium rates, applications, timing, enrollment, and other Medex-related issues.
Medex Sales: 1-800-678-2265 (TTY: 711)

Serving the Health Information Needs of Everyone (SHINE)

SHINE is an independent organization dedicated to helping you understand and compare all your health plan options. Trained and certified counselors help you determine if you qualify for any supplemental assistance programs. All services are free of charge.
1-800-AGE-INFO (1-800-243-4636)

Medicare

If you have questions regarding Medicare, or to order a *Medicare & You* handbook, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048) or visit www.cms.gov.

Blue Care Line (our 24-hour nurse line): 1-888-247-BLUE (2583)

Not sure if you need to see a doctor? Medex members can call a registered nurse 24 hours a day at the Blue Care Line for immediate assistance with health-related questions.

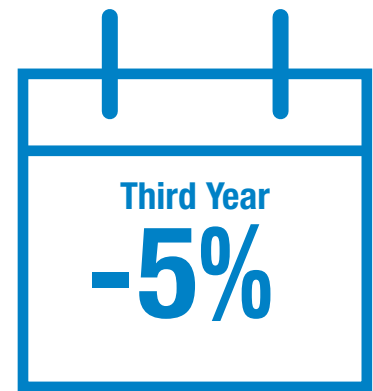
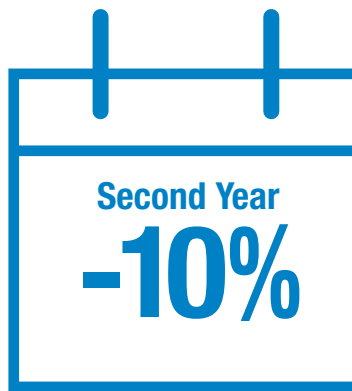
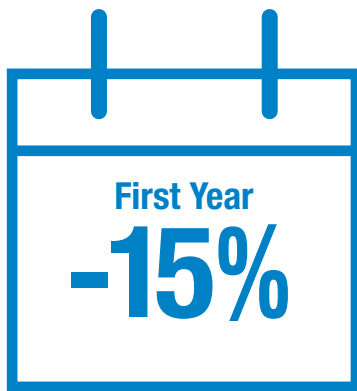
We think it's important for you to know...

At the onset of an emergency medical condition that in your judgment requires immediate attention, you should go to the nearest emergency room. For assistance, call your local emergency medical service system by dialing 911, or your local emergency telephone number.

PREMIUM RATES

2018 Rates	Billed Monthly	Billed Quarterly
Medex Choice	\$141.67	\$423.45

Rates effective January 1, 2018 through December 31, 2018.



When you turn 65 and become initially eligible for Medicare, you may qualify for a discounted Direct Pay Medex premium rate for up to three years. If you are eligible for this discount, you will receive a 15 percent discount the first year of enrollment, a 10 percent discount during the second year of enrollment, and a 5 percent discount during the third year of enrollment. After the third year, there is no discounted premium rate. Call 1-800-678-2265 to determine if you are eligible for the discount.

Please note: If you obtained Medicare under the age of 65 due to disability, you are not eligible for the discount.

Blue Cross Blue Shield Resources



www.bluecrossma.com/Medicare



Medicare Plan Sales: **1-800-678-2265 (TTY: 711)**
Monday through Friday, 8:00 a.m. to 6:00 p.m. ET



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-258-2226 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-258-2226 (TTY: 711).

®, SM Registered Marks and Service Marks of the Blue Cross and Blue Shield Association.

®, SM' Registered Marks and Service Marks of Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. ®' Registered Marks are the property of their respective owners. © 2018 Blue Cross and Blue Shield of Massachusetts, Inc. 181026M

55-0829-18V2 (01/18)