



MASSACHUSETTS



Vital Insurance Protection™ (VIP) 2000

Summary of Benefits

✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that will be effective January 1, 2009, as part of the Massachusetts Health Care Reform Law.

About the Plan

You Are Free to Choose.

With VIP 2000, you may use any Blue Cross Blue Shield-participating provider in the United States. In Massachusetts, all general hospitals and most physicians participate with Blue Cross Blue Shield. There are no claim forms for services you receive in Massachusetts by a participating provider. With your health care plan there are reasonable out-of-pocket expenses. And, your plan gives you nationwide access to participating hospitals and medical, surgical, and other health care providers.

To Find a Provider.

To find a participating provider within Massachusetts, call our Physician Selection Service at **1-800-821-1388** or visit our website at www.bluecrossma.com. If you're receiving care outside of Massachusetts and you need to locate a doctor or hospital that participates with the local Blue Cross Blue Shield plan, or if you need help finding a specialist, just call **1-800-810-BLUE (2583)**.

The BlueCard® Program.

The BlueCard Program gives you access to participating providers throughout the United States. There are no claims to submit, no paperwork, and no up-front costs. You need only go to a BlueCard-participating doctor or hospital and show your ID card when you need care. You simply pay your deductible and co-insurance as usual. If you choose to see a non-participating provider, you may have to file the claim yourself to be reimbursed for your expenses. (Please note: participating providers are restricted from billing you for the balance of their charges that exceed the negotiated discount amount except as provided otherwise by law.)

You can find participating providers or check a provider's current status in several ways:

- Call **1-800-810-BLUE (2583)**. Please have your ID card ready. If you have not received your ID card, let the representative know that you are looking for participating providers in the area in which you wish to seek care.
- Visit the BlueCard Provider Finder website at www.bcbs.com/healthtravel/finder.html.

Please note: If you are outside the United States and need medical care, call **1-800-810-BLUE (2583)**. A medical assistance coordinator, along with a nurse, will make a doctor's appointment for you or arrange for hospitalization if necessary.

Co-insurance Maximum.

You pay **20 percent** co-insurance for hospital outpatient services and a **\$15** copayment for professional provider or health center services. When the money paid for the 20 percent co-insurance equals **\$1,000** for a member in a calendar year (or **\$2,000** per family), full coverage, based on the allowed charge, is provided for the remainder of that calendar year for those covered services. Your copayments do not count toward your co-insurance maximum. If you reach your co-insurance maximum, you must still pay your copayment when it applies.

Lifetime Maximum.

Each member has a **\$2,000,000** lifetime benefit maximum for all covered services.

Utilization Review Requirements.

You must follow the requirements of Utilization Review, which are Pre-Admission Review, Concurrent Review and Discharge Planning, and Individual Case Management. Information concerning Utilization Review is detailed in your subscriber certificate. If you need non-emergency or non-maternity hospitalization, you, or someone on your behalf, must call the number on your ID card for pre-approval. If you do not notify Blue Cross Blue Shield and receive pre-approval, your benefits may be reduced or denied.

Dependent Benefits.

This plan covers dependents to age 26, or for two calendar years after the dependent last qualified as a dependent under the Internal Revenue Code, whichever comes first. Additionally, this plan may cover unmarried full-time students or other unmarried dependents who do not otherwise qualify as eligible dependents. Please see your subscriber certificate (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost
Outpatient Care	
Emergency room services	20% co-insurance
Professional provider and health center care for emergency services	\$15 per visit
Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • Six visits during the first year of life • Three visits during the second year of life • One visit per calendar year from age 2 through age 11 • One visit every two calendar years from age 12 through age 18 	\$15 per visit
Routine adult physical (or GYN) exams, according to age-based schedule (up to a benefit maximum of \$75 per visit): <ul style="list-style-type: none"> • Once every five calendar years from age 19 through age 29 • Once every three calendar years from age 30 through age 39 • Once every two calendar years from age 40 through age 54 • Once each calendar year age 55 and older 	Charges over the \$75 allowance
Physicians', chiropractors', and podiatrists' office visits	\$15 per visit
Allergy injections	\$15 per visit
Family planning services—office visits	\$15 per visit
Diagnostic X-rays, lab tests, and other tests <ul style="list-style-type: none"> • Office or health center • Hospital, independent lab, or freestanding diagnostic imaging facility 	\$15 per visit 20% co-insurance
Short-term rehabilitation therapy—physical and occupational <ul style="list-style-type: none"> • Office or health center • Hospital outpatient department 	\$15 per visit 20% co-insurance
Speech, hearing, and language disorder treatment—speech therapy <ul style="list-style-type: none"> • Office or health center • Hospital outpatient department 	\$15 per visit 20% co-insurance
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% co-insurance
Hospital outpatient department services	20% co-insurance
Home health care and hospice services	20% co-insurance
Oxygen and equipment for its administration	20% co-insurance
Prosthetic devices	20% co-insurance
Surgery and related anesthesia <ul style="list-style-type: none"> • Ambulatory surgical facility or surgical day care unit • Office setting • Hospital services 	Nothing \$15 per admission 20% co-insurance
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	Nothing
Rehabilitation hospital care (as many days as medically necessary)	Nothing
Skilled nursing facility care (up to 100 days per calendar year)	Nothing
Prescription Drug Benefits	
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$20 for Tier 1 \$50 for Tier 2 \$90 for Tier 3

Your Medical Benefits (continued)

Covered Services	Your Cost
Mental Health and Substance Abuse Treatment Biologically based conditions* Inpatient admissions in a general or mental hospital	Nothing
Outpatient hospital visits	20% co-insurance
Outpatient professional provider and health center visits	\$15 per visit
Non-biologically based mental conditions (includes drug addiction and alcoholism) Inpatient admissions in a general hospital	Nothing
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	Nothing
Outpatient visits (up to a combined maximum of 24 visits per calendar year) • Hospital visits • Professional provider and health center visits	20% co-insurance \$15 per visit
Alcoholism treatment (in addition to non-biologically based mental conditions) Inpatient admissions in a general hospital	Nothing
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	Nothing
Outpatient visits (up to a combined maximum of 8 visits per calendar year**) • Hospital visits • Professional provider and health center visits	20% co-insurance \$15 per visit

* Treatment for rape-related mental or emotional disorders and treatment for children under age 19 are covered to the same extent as biologically based conditions.

** The value of these visits is at least \$500 each calendar year.

Healthy Blue Programs

At Blue Cross Blue Shield of Massachusetts we offer you Healthy Blue, a group of programs, discounts and savings, resources, and tools to help you get the most you can from your health care plan. Call us at **1-800-262-BLUE (2583)** to receive our *Healthy Blue* booklet, which outlines these special programs.

Living Healthy Babies®	No charge
Living Healthy® Vision—discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)	Discount varies
Discounts on home safety items	Discount varies
Blue Care® Line to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No charge
Living Healthy® Naturally—discounts on different types of complementary and alternative medicine services such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi, and yoga	Up to a 30% discount
Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No charge

Questions? Call 1-800-262-BLUE (2583).

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?

Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders. In Massachusetts, benefits are provided only when a covered service or supply is furnished by a participating provider (except emergencies).

