



MASSACHUSETTS



Your 2013 Medicare Options
from Blue Cross Blue Shield of Massachusetts

Y0014_12101_Final CMS Accepted 08152012
S2893_1274_Final CMS Accepted 08152012

Medicare Advantage Plans

	Medicare HMO Blue SM ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare PPO Blue SM ValueRx (PPO)		Medicare PPO Blue PlusRx (PPO)	
			In-network	Out-of-network	In-network	Out-of-network
Monthly Plan Premium¹	\$28.00	\$183.00	\$66.10		\$136.10	
Network	You generally must receive care from in-network doctors, hospitals, or other providers	You generally must receive care from in-network doctors, hospitals, or other providers	You may go to doctors, hospitals, or other providers in- or out-of-network without referrals ³		You may go to doctors, hospitals, or other providers in- or out-of-network without referrals ³	
Deductible	\$1,000 calendar year (except where noted)	\$0	\$0		\$0	\$500 (except where noted)
Maximum Out-of-Pocket Costs for Medicare-Covered Services	\$3,400	\$3,400	\$3,400 in- and out-of-network combined		\$3,400	\$5,100 catastrophic in- and out-of-network combined
	You pay	You pay	You pay		You pay	
Inpatient Hospital Care	Days 1-5: \$250/day Days 6+: \$0 \$1,250 calendar year out-of-pocket maximum	Days 1–5: \$150/day Days 6+: \$0 \$750 calendar year out-of-pocket maximum	Days 1-10: \$200/day/admission ⁴ Days 10+: \$0/day	Days 1-10: \$200/day/admission ⁴ Days 10+: \$0/day	Days 1–5: \$150/day Days 6+: \$0 \$750 calendar year out-of-pocket maximum	20% of the cost for each inpatient hospitalization stay
Skilled Nursing	Per benefit period ² : Days 1–20: \$100/day Days 21–100: \$0	Per benefit period ² : Days 1–20: \$50/day Days 21–44: \$100/day Days 45-100: \$0	Per benefit period ² : Days 1-20: \$100/day Days 21-100: \$0/day	Per benefit period ² : Days 1-20: \$100/day Days 21-100: \$0/day	Per benefit period ² : Days 1–20: \$50/day Days 21–44: \$100/day Days 45-100: \$0/day	20% of the cost for each skilled nursing stay
Doctor and Specialist Office Visits	\$0 Medicare preventive services \$20 PCP \$40 specialist (deductible does not apply)	\$0 Medicare preventive services \$15 PCP \$30 specialist	\$0 Medicare preventive services \$20 network Provider of Choice (POC) or other primary care provider \$40 specialist		\$0 Medicare preventive services \$15 POC \$30 specialist	\$40

1. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Some people will pay an amount higher than the basic premium because of their yearly income.

2. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.

3. Except for emergency care, you may pay more for care from out-of-network providers.

4. For Medicare PPO BlueSM ValueRx: If you go from an in-network to an out-of-network facility your transfer counts as a single admission.

Medicare Advantage Plans

	Medicare HMO Blue SM ValueRx (HMO)	Medicare HMO Blue PlusRx (HMO)	Medicare PPO Blue SM ValueRx (PPO)		Medicare PPO Blue PlusRx (PPO)	
			In-network	Out-of-network	In-network	Out-of-network
Diagnostic Procedures, Test, and Lab Service	\$0 for X-rays and other outpatient diagnostic test \$150/day for high-tech radiology \$20/day for diagnostic lab services	\$0 for X-rays and other outpatient diagnostic test \$100/day for high-tech radiology \$0/day for diagnostic lab services	\$0 for X-rays and other outpatient diagnostic test \$150/day for high-tech radiology \$20/day for diagnostic labs		\$0 for X-rays and other outpatient diagnostic test \$100/day for high-tech radiology \$0/day diagnostic labs	20% of the cost of diagnostic procedures, test and lab services
Worldwide Urgent and Emergency Care	Urgent care: \$20-\$40 Emergency care: \$65 waived if admitted (deductible does not apply)	Urgent care: \$15-\$30 Emergency care: \$65 waived if admitted	Urgent care: \$20-\$40 Emergency care: \$65 waived if admitted		Urgent care: \$15-\$30 Emergency care: \$65 waived if admitted	Urgent care: \$40 Emergency care: \$65 waived if admitted (deductible does not apply)
Routine Dental Care	\$40/office visit, including one exam, X-ray, and cleaning every 6 months	\$30/office visit, including one exam, X-ray, and cleaning every 6 months			\$30/office visit, including one exam, X-ray, and cleaning every 6 months	\$40 per visit
Routine Hearing Care (one exam per calendar year)	\$20 PCP \$40 specialist	\$15 PCP \$30 specialist	\$20 network POC or other primary care provider \$40 specialist		\$15 POC \$30 specialist	\$40 per visit
Routine Vision Care (one exam per calendar year)	\$40 specialist	\$30 specialist	\$40 specialist		\$30 specialist	\$40 per visit
Outpatient Prescription Drugs¹	Initial Coverage: For 30-day retail supply you pay Tier 1: \$6, Tier 2: \$12, Tier 3: \$45, Tier 4: \$90, Tier 5: 27% of drug costs 90-day mail: 1x copay Tier 1; 2x copay Tiers 2, 3 & 4 \$0 deductible Tiers 1-2 \$220 deductible Tiers 3-5	Initial Coverage: For 30-day retail supply you pay Tier 1: \$6, Tier 2: \$12, Tier 3: \$45, Tier 4: \$90, Tier 5: 30% of drug costs 90-day mail: 1x copay Tier 1; 2x copay Tiers 2, 3 & 4 \$0 deductible Tiers 1-2 \$120 deductible Tiers 3-5	Initial Coverage: For 30-day retail supply you pay Tier 1: \$6, Tier 2: \$12, Tier 3: \$45, Tier 4: \$90, Tier 5: 27% of drug costs 90-day mail: 1x copay Tier 1; 2x copay Tiers 2, 3 & 4 \$0 deductible Tiers 1-2 \$220 deductible Tiers 3-5		Initial Coverage: For 30-day retail supply you pay Tier 1: \$6, Tier 2: \$12, Tier 3: \$45, Tier 4: \$90, Tier 5: 30% of drug costs 90-day mail: 1x copay Tier 1; 2x copay Tiers 2, 3 & 4 \$0 deductible	

1. For Coverage Gap, you pay 79% co-insurance on covered generics and 47.5% of the negotiated price excluding dispensing fees on covered brands. For Catastrophic Coverage, you pay the greater of \$2.65 for generics or brand drugs treated like generic drugs and \$6.60 for all other drugs, or 5% co-insurance.

Medigap Plans (Supplemental insurance plans)

	Original Medicare	Medex [®] Bronze	Medex Core
Monthly Premium	Part A and Part B premiums may apply. ¹	\$183.73	\$96.38
Network	Any doctor, hospital, or other provider that accepts Medicare	Any doctor, hospital, or other provider that accepts Medicare	Any doctor, hospital, or other provider that accepts Medicare
Inpatient Hospital Care (Medicare Part A)	You pay per benefit period ² in 2013: Days 1-60: \$1,184 per benefit period ² Days 61-90: \$296 per day per benefit period ² Days 91-150: \$592 for each lifetime reserve day Days 151+: 100% of room and board charges	You pay per benefit period ² in 2013: \$0 Medex Bronze offers an additional 365 days per lifetime when Medicare benefits end	You pay per benefit period ² in 2013: \$0 after your Part A benefit period ² deductible (Refer to the Original Medicare column for details) Medex Core offers an additional 365 days per lifetime when Medicare benefits end
Skilled Nursing (Medicare Part A)	You pay per benefit period ² in 2013: Days 1-20: \$0 Days 21-100: \$148 per day Days 100+: 100% of room and board charges	You pay per benefit period ² in 2013: Days 1-20: \$0 Days 21-100: \$0 Days 101-365: Balance after plan pays \$10/day Days 366+: 100% of room and board charges	You pay per benefit period ² in 2013: Days 1-20: \$0 Days 21-100: \$148 daily co-insurance Days 101+: 100% of room and board charges
Doctors and Outpatient Care (Medicare Part B)	You pay 20% of Medicare-approved costs (coverage begins after you pay \$147 in 2013 calendar year deductible)	You pay \$0	You pay \$0 after your Part B annual deductible of \$147
Outpatient Prescription Drugs	You pay 100% for most prescription drugs	You pay 100% for most prescription drugs	You pay 100% for most prescription drugs

1. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Some people will pay an amount higher than the basic premium because of their yearly income.

2. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.

Part D (Prescription drug coverage plans)

	Blue MedicareRx SM (PDP) Value Plus	Blue MedicareRx (PDP) Premier
Monthly Premium	\$39.20	\$100.70
Annual Deductible ¹	\$0 for Tiers 1 and 2 \$250 for Tiers 3, 4 & 5	\$0
A copayment or co-insurance for covered prescription drugs until member's total yearly drug costs reach \$2,970. This is called initial coverage.	For 30-day retail supply you pay Tier 1: \$6, Tier 2: \$12, Tier 3: \$45, Tier 4: \$95, Tier 5: 26% of drug costs 90-day mail: 1x copay Tier 1; 2x copay Tiers 2, 3 & 4 Tier 5: Specialty drugs not available in extended day supply	For 30-day retail supply you pay Tier 1: \$4, Tier 2: \$9, Tier 3: \$30, Tier 4: \$70, Tier 5: 33% of drug costs 90-day mail: 1x copay Tier 1; 2x copay Tiers 2, 3 & 4 Tier 5: Specialty drugs not available in extended day supply
The cost for covered prescription drugs between \$2,970 in total yearly drug costs and \$4,750 in annual out-of-pocket drug costs. This is called the coverage gap.	For covered generics: 79% of the costs For covered brands: 47.5% of the negotiated price (excluding dispensing fees)	For covered generics: Preferred generic: \$4; non-preferred generic: \$9, or 79% of the costs of generic drugs on all other Tiers For covered brands: 47.5% of the negotiated price (excluding dispensing fees)
The cost for covered prescription drugs after member pays \$4,750 in annual out-of-pocket costs. This is called catastrophic coverage.	You pay the greater of: \$2.65 for generics or brand drugs treated like generic drugs and \$6.60 for all other drugs, or 5% co-insurance	You pay the greater of: \$2.65 for generics or brand drugs treated like generic drugs and \$6.60 for all other drugs, or 5% co-insurance

1. Tier 1: Preferred generics, Tier 2: non-preferred generics or drugs treated like generics, Tier 3: preferred brand, Tier 4: non-preferred brand, Tier 5: specialty drugs

For more information and to determine eligibility, visit us online at:
www.bluecrossma.com/medicare or call **1-800-678-2265** (TTY: **1-800-522-1254**).
Hours of operation seven (7) days a week 8:00 a.m. to 8:00 p.m. ET

Extra Help

You may be able to get extra help to pay for your Medicare Part D prescription plan costs. To see if you qualify for payment assistance, call:

- Medicare, 24 hours a day, 7 days a week at **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**)
- The Social Security Administration, Monday through Friday, from 7:00 a.m. to 7:00 p.m. ET at **1-800-772-1213** (TTY: **1-800-325-0778**)

Blue Cross Blue Shield of Massachusetts is a Medicare Advantage organization with a Medicare contract.

Anthem Insurance Companies, Inc, Blue Cross Blue Shield of Massachusetts, Blue Cross and Blue Shield of Vermont, and Blue Cross & Blue Shield of Rhode Island are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) to offer the Part D plan(s) noted and are the risk-bearing entities for the Blue MedicareRx plans. The joint enterprise is a Medicare approved Part D Sponsor.

Medicare Advantage contracts between the federal government and managed care organizations are valid for one year. Benefits, formulary, pharmacy network, premium, and/or co-payments/co-insurance may change on January 1 of each year. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

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