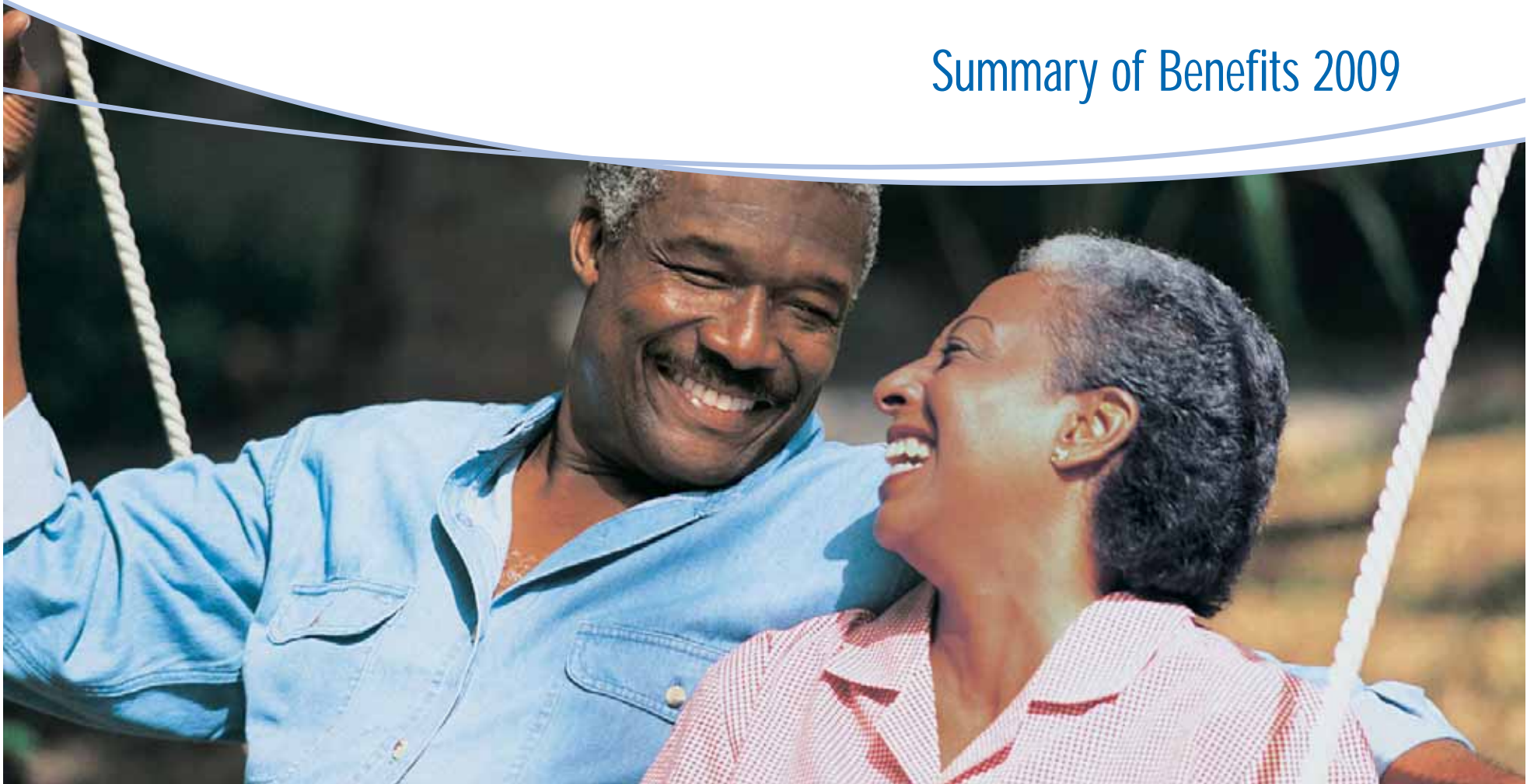




MASSACHUSETTS

Medicare | HMO Blue®

Summary of Benefits 2009



Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx are Medicare Advantage plans 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

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09/2008



Introduction to the Summary of Benefits for Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx

January 1, 2009–December 31, 2009
Massachusetts except Berkshire, Dukes, and Nantucket Counties

Thank you for your interest in Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx. Our plans are offered by Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Medicare HMO Blue and ask for the "Evidence of Coverage."

You Have Choices in Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is a Medicare health plan, like Medicare HMO Blue PlusRx or Medicare HMO Blue PremierRx. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call Member Service at the telephone number listed at the end of this introduction or **1-800-MEDICARE (1-800-633-4227)** for more information. TTY users should call **1-877-486-2048**. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx and the Original Medicare plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare plan covers.

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 Are Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx Available?

The service area for these plans include the following counties: Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester. You must live in one of these areas to join these plans.

Who Is Eligible to Join Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx?

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

Can I Choose My Doctors?

Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx have formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.bluecrossma.com/medicare. Our Member Service number is listed at the end of this introduction.

What Happens If I Go to a Doctor Who's Not in Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Blue Cross Blue Shield of Massachusetts nor the Original Medicare plan will pay for these services.

Does My Plan Cover Medicare Part B or Part D Drugs?

Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.



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

Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx have 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 for a Pharmacy Directory or visit us at www.bluecrossma.com/medicare. Our Member Service number is listed at the end of this introduction.

What Is a Prescription Drug Formulary?

Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 Medicare HMO Blue PlusRx or Medicare HMO Blue PremierRx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. 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 Are My Protections in This Plan?

All Medicare Advantage plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

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. Contact Medicare HMO Blue for more details.

What Types of Drugs May Be Covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Medicare HMO Blue PlusRx or Medicare HMO Blue PremierRx for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.



Please call Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., for more information about these plans.
Visit us at www.bluecrossma.com/medicare or call us:

Member Service Hours:

8:00 a.m.–8:00 p.m. Eastern, 7 days a week

Current and prospective members should call toll-free.

Current members should call toll-free **1-800-200-4255** for questions related to the Medicare Advantage program and the Medicare Part D Prescription Drug Program.
(TTY **1-800-522-1254**)

Prospective members should call toll-free **1-800-678-2265** for questions related to the Medicare Advantage program and the Medicare Part D Prescription Drug Program.
(TTY **1-800-522-1254**)

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**.
TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Important Information

<p>1–Premium and Other Important Information</p>	<ul style="list-style-type: none"> In 2008 the monthly Part B Premium was \$96.40 and may change for 2009 and the yearly Part B deductible amount was \$135 and may change for 2009 If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more 	<p>General Medicare HMO Blue PlusRx: (Plan ID 005) \$119.00 monthly plan premium in addition to your Medicare Part B premium.</p>	<p>General Medicare HMO Blue PremierRx: (Plan ID 011) \$173.00 monthly plan premium in addition to your Medicare Part B premium</p>
<p>2–Doctor and Hospital Choice (For more information, see Emergency–#15 and Urgently Needed Care–#16.)</p>	<ul style="list-style-type: none"> You may go to any doctor, specialist, or hospital that accepts Medicare 	<p>In-Network You must go to network doctors, specialists, and hospitals Referral required for network specialists (for certain benefits) You may have to pay a separate copay for certain doctor office visits</p>	<p>In-Network You must go to network doctors, specialists, and hospitals Referral required for network specialists (for certain benefits) You may have to pay a separate copay for certain doctor office visits</p>

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Inpatient Care

<p>3–Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> • Days 1-60: \$1,024 deductible • Days 61-90: \$256 per day • Days 91-150: \$512 per lifetime reserve day <p>These amounts will change for 2009</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days</p> <p>Lifetime reserve days can only be used once</p> <p>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. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1–5: \$100 copay per day • Days 6–90: \$0 copay per day • \$500 out-of-pocket limit every year • No limit to the number of days covered by the plans each benefit period • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital 	<p>In-Network For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1–5: \$100 copay per day • Days 6–90: \$0 copay per day • \$500 out-of-pocket limit every year • No limit to the number of days covered by the plans each benefit period • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital
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Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
Inpatient Care (cont.)			
<p>4–Inpatient Mental Health Care</p>	<ul style="list-style-type: none"> • Same deductible and copay as Inpatient Hospital Care (see “Inpatient Hospital Care” above) • 190 day lifetime limit in a Psychiatric Hospital 	<p>In-Network For hospital stays:</p> <ul style="list-style-type: none"> • Days 1–5: \$100 copay per day • Days 6–90: \$0 copay per day • The maximum out-of-pocket limit is covered under “Inpatient Hospital Care” • Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital 	<p>In-Network For hospital stays:</p> <ul style="list-style-type: none"> • Days 1–5: \$100 copay per day • Days 6–90: \$0 copay per day • The maximum out-of-pocket limit is covered under “Inpatient Hospital Care” • Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
Inpatient Care (cont.)			
<p>5–Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> • Days 1–20: \$0 per day • Days 21–100: \$128 per day <p>These amounts will change for 2009</p> <p>100 days for each benefit period</p> <p>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. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply</p> <p>In-Network For SNF stays:</p> <ul style="list-style-type: none"> • Days 1–20: \$10 copay per day • Days 21–100: \$0 copay per day • \$200 out-of-pocket limit every year • Plan covers up to 100 days each benefit period • No prior hospital stay is required 	<p>General Authorization rules may apply</p> <p>In-Network For SNF stays:</p> <ul style="list-style-type: none"> • Days 1–20: \$10 copay per day • Days 21–100: \$0 copay per day • \$200 out-of-pocket limit every year • Plan covers up to 100 days each benefit period • No prior hospital stay is required

Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
6–Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> • \$0 copay 	General Authorization rules may apply In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered home health visits 	General Authorization rules may apply In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered home health visits
7–Hospice	<ul style="list-style-type: none"> • You pay part of the cost for outpatient drugs and inpatient respite care • You must get care from a Medicare-certified hospice 	General <ul style="list-style-type: none"> • You must get care from a Medicare-certified hospice 	General <ul style="list-style-type: none"> • You must get care from a Medicare-certified hospice

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
8–Doctor Office Visits	<ul style="list-style-type: none"> • 20% co-insurance 	<p>General</p> <ul style="list-style-type: none"> • See “Physical Exams” for more information <p>Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$10 copay for each primary care doctor visit for Medicare-covered benefits • \$10 to \$20 copay for the cost of each in-area, network urgent care benefit • \$20 copay for each specialist visit for Medicare-covered benefits 	<p>General</p> <ul style="list-style-type: none"> • See “Physical Exams” for more information <p>Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$10 copay for each primary care doctor visit for Medicare-covered benefits • \$10 to \$20 copay for the cost of each in-area, network urgent care benefit • \$20 copay for each specialist visit for Medicare-covered benefits
9–Chiropractic Services	<ul style="list-style-type: none"> • Routine care not covered • 20% co-insurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part), if you get it from a chiropractor or other qualified providers 	<p>General</p> <p>Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$20 copay for Medicare-covered visits • Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part 	<p>General</p> <p>Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$20 copay for Medicare-covered visits • Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part

Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
10–Podiatry Services	<ul style="list-style-type: none"> • Routine care not covered • 20% co-insurance for medically necessary foot care, including care for medical conditions affecting the lower limbs 	<p>In-Network</p> <ul style="list-style-type: none"> • \$10 to \$20 for each Medicare-covered visit • Medicare-covered podiatry benefits are for medically necessary foot care 	<p>In-Network</p> <ul style="list-style-type: none"> • \$10 to \$20 for each Medicare-covered visit • Medicare-covered podiatry benefits are for medically necessary foot care
11–Outpatient Mental Health Care	<ul style="list-style-type: none"> • 50% co-insurance for most outpatient mental health services 	<p>General Authorization rules may apply</p> <p>In-Network For Medicare-covered individual or group therapy:</p> <ul style="list-style-type: none"> • Visit(s) 1-10: \$20 copay per visit • Visit(s) 11 and beyond: \$30 copay per visit 	<p>General Authorization rules may apply</p> <p>In-Network For Medicare-covered individual or group therapy:</p> <ul style="list-style-type: none"> • Visit(s) 1-10: \$20 copay per visit • Visit(s) 11 and beyond: \$30 copay per visit
12–Outpatient Substance Abuse Care	<ul style="list-style-type: none"> • 20% co-insurance 	<p>General Authorization rules my apply</p> <p>In-Network For Medicare-covered individual or group visits:</p> <ul style="list-style-type: none"> • Visit(s) 1–10: \$20 copay per visit • Visit(s) 11 and beyond: \$30 copay per visit 	<p>General Authorization rules my apply</p> <p>In-Network For Medicare-covered individual or group visits:</p> <ul style="list-style-type: none"> • Visit(s) 1–10: \$20 copay per visit • Visit(s) 11 and beyond: \$30 copay per visit

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
Outpatient Care (con't)			
13–Outpatient Services/ Surgery	<ul style="list-style-type: none"> • 20% co-insurance for the doctor • 20% of outpatient facility charges 	<p>General Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$50 copay for each Medicare-covered ambulatory surgical center visit • \$0 to \$50 copay for each Medicare-covered outpatient hospital facility visit 	<p>General Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$50 copay for each Medicare-covered ambulatory surgical center visit • \$0 to \$50 copay for each Medicare-covered outpatient hospital facility visit
14–Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> • 20% co-insurance 	<p>General Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$0 to \$50 copay for Medicare-covered ambulance benefits • If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits 	<p>General Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$0 to \$50 copay for Medicare-covered ambulance benefits • If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits

Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
15–Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> • 20% co-insurance for the doctor • 20% of facility charge, or a set copay per emergency room visit • You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. • NOT covered outside the U.S. except under limited circumstances 	In-Network <ul style="list-style-type: none"> • \$0 to \$50 copay for Medicare-covered emergency room visits Out-of-Network <ul style="list-style-type: none"> • Worldwide coverage In and Out-of-Network <ul style="list-style-type: none"> • If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit 	In-Network <ul style="list-style-type: none"> • \$0 to \$50 copay for Medicare-covered emergency room visits Out-of-Network <ul style="list-style-type: none"> • Worldwide coverage In and Out-of-Network <ul style="list-style-type: none"> • If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit
16–Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> • 20% co-insurance, or a set copay • NOT covered outside the U.S. except under limited circumstances 	General <ul style="list-style-type: none"> • \$10 to \$20 copay for Medicare-covered urgently needed care visits 	General <ul style="list-style-type: none"> • \$10 to \$20 copay for Medicare-covered urgently needed care visits

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Outpatient Care (con't)

17–Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none"> • 20% co-insurance 	General Authorization rules may apply In-Network <ul style="list-style-type: none"> • \$15 copay for Medicare-covered Occupational Therapy visits • \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits 	General Authorization rules may apply In-Network <ul style="list-style-type: none"> • \$15 copay for Medicare-covered Occupational Therapy visits • \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits
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Outpatient Medical Services and Supplies

18–Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> • 20% co-insurance 	General Authorization rules may apply In-Network \$0 copay for Medicare-covered items	General Authorization rules may apply In-Network \$0 copay for Medicare-covered items
19–Prosthetic Devices (includes braces, artificial limbs, and eyes, etc.)	<ul style="list-style-type: none"> • 20% co-insurance 	General Authorization rules may apply In-Network \$0 copay for Medicare-covered items	General Authorization rules may apply In-Network \$0 copay for Medicare-covered items

Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Outpatient Medical Services and Supplies (con't)

<p>20–Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<ul style="list-style-type: none"> • 20% co-insurance • Nutrition Therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. 	<p>General Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Diabetes Self-Monitoring Training • \$20 copay for Nutrition Therapy for Diabetes • \$0 copay for Diabetes Supplies 	<p>General Authorization rules may apply</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Diabetes Self-Monitoring Training • \$20 copay for Nutrition Therapy for Diabetes • \$0 copay for Diabetes Supplies
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Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Outpatient Medical Services and Supplies (con't)

<p>21–Diagnostic Tests, X-Rays, and Lab Services</p>	<ul style="list-style-type: none"> • 20% co-insurance for diagnostic tests and X-rays • \$0 copay for Medicare-covered lab services • Lab services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol. 	<p>General Authorization rules may apply</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> • Lab Services • Diagnostic procedures and tests • X-rays • Diagnostic radiology services (not including X-rays) • Therapeutic radiology services 	<p>General Authorization rules may apply</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> • Lab Services • Diagnostic procedures and tests • X-rays • Diagnostic radiology services (not including X-rays) • Therapeutic radiology services
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Preventive Services

<p>22–Bone Mass Measurement (for people with Medicare who are at risk)</p>	<ul style="list-style-type: none"> • 20% co-insurance • Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions 	<p>In-Network \$0 copay for Medicare-covered Bone Mass Measurement</p>	<p>In-Network \$0 copay for Medicare-covered Bone Mass Measurement</p>
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Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
23–Colorectal Screening Exams (for people with Medicare age 50 and older)	<ul style="list-style-type: none"> • 20% co-insurance • Covered when you are high risk or when you are age 50 and older 	In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Colorectal Screenings • Additional facility charges may apply 	In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Colorectal Screenings • Additional facility charges may apply
24–Immunizations (Flu vaccine, Hepatitis B vaccine—for people with Medicare who are at risk, Pneumonia vaccine)	<ul style="list-style-type: none"> • \$0 copay for Flu and Pneumonia vaccines • 20% co-insurance for Hepatitis B vaccine • You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information 	In-Network <ul style="list-style-type: none"> • \$0 copay for Flu and Pneumonia vaccines • \$0 copay for Hepatitis B vaccine • No referral needed for Flu and Pneumonia vaccines 	In-Network <ul style="list-style-type: none"> • \$0 copay for Flu and Pneumonia vaccines • \$0 copay for Hepatitis B vaccine • No referral needed for Flu and Pneumonia vaccines
25–Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<ul style="list-style-type: none"> • 20% co-insurance • No referral needed • Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39. 	In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered screening Mammograms 	In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered screening Mammograms

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Preventive Services (con't)

<p>26–Pap Smears and Pelvic Exams (for women with Medicare)</p>	<ul style="list-style-type: none"> • \$0 copay for Pap Smears • Covered once every 2 years • Covered once a year for women with Medicare at high risk • 20% co-insurance for Pelvic Exams 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Pap Smears and Pelvic Exams and up to 1 additional Pap Smear and Pelvic Exam every year 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Pap Smears and Pelvic Exams and up to 1 additional Pap Smear and Pelvic Exam every year
<p>27–Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<ul style="list-style-type: none"> • 20% co-insurance for the digital rectal exam • \$0 for the PSA test; 20% co-insurance for other related services • Covered once a year for all men with Medicare over age 50 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Prostate Cancer Screening 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Prostate Cancer Screening

Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
Preventive Services (con't) 28–End-Stage Renal Disease	<ul style="list-style-type: none"> • 20% co-insurance for dialysis • 20% co-insurance for Nutrition Therapy for End-Stage Renal Disease <p>Nutrition Therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for renal dialysis • \$20 copay for Nutrition Therapy for End-Stage Renal Disease 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for renal dialysis • \$20 copay for Nutrition Therapy for End-Stage Renal Disease

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Prescription Drugs by Plan Option

<p>29–Prescription Drugs</p>	<ul style="list-style-type: none"> Most drugs not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug plan or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage plan or a Medicare Cost plan that offers prescription drug coverage. 	<p>Drugs covered under Medicare Part B General</p> <p>\$0 copay for Part B covered drugs.</p> <p>Drugs Covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.bluecrossma.com/medicare/audience/Already_A_Member/pharmacy/index.html on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> have limited incomes, live in long term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service). 	<p>Drugs covered under Medicare Part B General</p> <p>\$0 copay for Part B covered drugs.</p> <p>Drugs Covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.bluecrossma.com/medicare/audience/Already_A_Member/pharmacy/index.html on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> have limited incomes, live in long term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service).
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Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Prescription Drugs by Plan Option (con't)

		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medicare HMO Blue PlusRx for certain drugs.</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medicare HMO Blue PremierRx for certain drugs.</p>
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Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Prescription Drugs by Plan Option (con't)

		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$0 deductible</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$0 deductible</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p>
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Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
Prescription Drugs by Plan Option (con't)			
		<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier • \$30 copay for a three-month (90-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (30-day) supply of drugs in this tier • \$105 copay for a three-month (90-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$65 copay for a one-month (30-day) supply of drugs in this tier • \$195 copay for a three-month (90-day) supply of drugs in this tier 	<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier • \$30 copay for a three-month (90-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$28 copay for a one-month (30-day) supply of drugs in this tier • \$84 copay for a three-month (90-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$58 copay for a one-month (30-day) supply of drugs in this tier • \$174 copay for a three-month (90-day) supply of drugs in this tier

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
Prescription Drugs by Plan Option (con't)			
		<p>Specialty Medication</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (30-day) supply of drugs in this tier • 25% co-insurance for a three-month (90-day) supply of drugs in this tier <p>Long Term Care Pharmacy Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$65 copay for a one-month (31-day) supply of drugs in this tier <p>Specialty Medication</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (31-day) supply of drugs in this tier 	<p>Specialty Medication</p> <ul style="list-style-type: none"> • 33% co-insurance for a one-month (30-day) supply of drugs in this tier • 33% co-insurance for a three-month (90-day) supply of drugs in this tier <p>Long Term Care Pharmacy Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$28 copay for a one-month (31-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$58 copay for a one-month (31-day) supply of drugs in this tier <p>Specialty Medication</p> <ul style="list-style-type: none"> • 33% co-insurance for a one-month (31-day) supply of drugs in this tier

Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Prescription Drugs by Plan Option (con't)

		<p>Mail-Order Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier • \$20 copay for a three-month (90-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (30-day) supply of drugs in this tier • \$70 copay for a three-month (90-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$65 copay for a one-month (30-day) supply of drugs in this tier • \$130 copay for a three-month (90-day) supply of drugs in this tier <p>Specialty Medication</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (30-day) supply of drugs in this tier • 25% co-insurance for a three-month (90-day) supply of drugs in this tier 	<p>Mail-Order Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier • \$20 copay for a three-month (90-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$28 copay for a one-month (30-day) supply of drugs in this tier • \$56 copay for a three-month (90-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$58 copay for a one-month (30-day) supply of drugs in this tier • \$116 copay for a three-month (90-day) supply of drugs in this tier <p>Specialty Medication</p> <ul style="list-style-type: none"> • 33% co-insurance for a one-month (30-day) supply of drugs in this tier • 33% co-insurance for a three-month (90-day) supply of drugs in this tier
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Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Prescription Drugs by Plan Option (con't)

		<p>Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>	<p>Coverage Gap The plan covers all formulary generics through the coverage gap. You pay the following:</p> <p>Retail Pharmacy Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier • \$30 copay for a three-month (90-day) supply of drugs in this tier <p>Long Term Care Pharmacy Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier <p>Mail-Order Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier • \$20 copay for a three-month (90-day) supply of drugs in this tier
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Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
Prescription Drugs by Plan Option (con't)			
		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> • a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% co-insurance. <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy.</p>	<p>For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> • a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% co-insurance. <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy.</p>

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
Prescription Drugs by Plan Option (con't)			
		<p>In addition you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medicare HMO Blue PlusRx.</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700.</p> <p>Out-of-Network Pharmacy Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (30-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$65 copay for a one-month (30 day) supply of drugs in this tier 	<p>In addition you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medicare HMO Blue PremierRx.</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700.</p> <p>Out-of-Network Pharmacy Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$28 copay for a one-month (30-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$58 copay for a one-month (30-day) supply of drugs in this tier

Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Prescription Drugs by Plan Option (con't)

		<p>Specialty Medication</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (30-day) supply of drugs in this tier <p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-drug costs reach \$4,350. You will not be reimbursed by Medicare HMO Blue PlusRx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Medicare HMO Blue PlusRx so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Specialty Medication</p> <ul style="list-style-type: none"> • 33% co-insurance for a one-month (30-day) supply of drugs in this tier <p>Out-of-Network Coverage Gap The plan covers all formulary generics through the gap. You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350.
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Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Prescription Drugs by Plan Option (con't)

			<p>You will not be reimbursed by Medicare HMO Blue PremierRx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Medicare HMO Blue PremierRx so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Medicare HMO Blue PremierRx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Medicare HMO Blue PremierRx so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
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Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Prescription Drugs by Plan Option (con't)

			<p>Specialty Medication</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Medicare HMO Blue PremierRx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Medicare HMO Blue PremierRx so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
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Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Prescription Drugs by Plan Option (con't)

		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> • a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% co-insurance 	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> • a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% co-insurance
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Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Additional Services

<p>30–Dental Services</p>	<ul style="list-style-type: none"> Preventive dental services (such as cleaning), not covered 	<p>In-Network</p> <p>\$20 copay for Medicare-covered dental benefits</p> <p>\$20 copay for an office visit that includes:</p> <ul style="list-style-type: none"> up to 1 oral exam every six months up to 1 cleaning every six months up to 1 dental X-ray every six months 	<p>In-Network</p> <p>\$20 copay for Medicare-covered dental benefits</p> <p>\$20 copay for an office visit that includes:</p> <ul style="list-style-type: none"> up to 1 oral exam every six months up to 1 cleaning every six months up to 1 dental X-ray every six months
<p>31–Hearing Services</p>	<ul style="list-style-type: none"> Routine hearing exams and hearing aids are not covered 20% co-insurance for diagnostic hearing exams 	<p>In-Network</p> <ul style="list-style-type: none"> \$0 copay for Medicare-covered diagnostic hearing exams up to 1 routine hearing test every year \$0 copay for hearing aids \$400 limit for hearing aids, every three years 	<p>In-Network</p> <ul style="list-style-type: none"> \$0 copay for Medicare-covered diagnostic hearing exams up to 1 routine hearing test every year \$0 copay for hearing aids \$400 limit for hearing aids, every three years

Summary of Benefits

Call 1-800-200-4255 (TTY: 1-800-522-1254) 8:00 a.m.–8:00 p.m., 7 days a week

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Additional Services (con't)

<p>32–Vision Services</p>	<ul style="list-style-type: none"> • 20% co-insurance for diagnosis and treatment of diseases and conditions of the eye • Routine eye exams and glasses are not covered • Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery • Annual glaucoma screenings covered for people at risk 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery • \$20 copay for exams to diagnose and treat diseases and conditions of the eye • \$20 copay for up to 1 routine eye exam every year • \$0 copay for glasses • \$57 copay for contacts • \$0 copay for lenses • \$0 copay for frames <p>\$100 limit for eye wear every two years</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery • \$20 copay for exams to diagnose and treat diseases and conditions of the eye • \$20 copay for up to 1 routine eye exam every year • \$0 copay for glasses • \$57 copay for contacts • \$0 copay for lenses • \$0 copay for frames <p>\$100 limit for eye wear every two years</p>
<p>33–Physical Exams</p>	<ul style="list-style-type: none"> • 20% co-insurance for one exam within the first six months of your new Medicare Part B coverage • When you get Medicare Part B, you can get a one time physical exam within the first six months of your new Part B coverage. The coverage does not include lab tests. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$10 copay for routine exams • Limited to 1 exam every year • \$10 copay for Medicare-covered benefits 	<p>In-Network</p> <ul style="list-style-type: none"> • \$10 copay for routine exams • Limited to 1 exam every year • \$10 copay for Medicare-covered benefits

Summary of Benefits

Please call Blue Cross Blue Shield of Massachusetts for more information about this plan.

Benefit Category	Original Medicare	Medicare HMO Blue PlusRx	Medicare HMO Blue PremierRx
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Additional Services (con't)

34. Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face to face visits. You pay co-insurance, and Part B deductible applies.</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including newsletters • Additional smoking cessation • Health club membership/fitness classes • Nursing Hotline • Other Wellness Benefits <p>Copays may apply for these benefits \$10 to \$20 copay for each Medicare-covered smoking cessation counseling session</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including newsletters • Additional smoking cessation • Health club membership/fitness classes • Nursing Hotline • Other Wellness Benefits <p>Copays may apply for these benefits \$10 to \$20 copay for each Medicare-covered smoking cessation counseling session</p>
35. Transportation (Routine)	Not covered	<p>In-Network This plan does not cover routine transportation</p>	<p>In-Network This plan does not cover routine transportation</p>
36. Acupuncture	Not covered	<p>In-Network This plan does not cover acupuncture</p>	<p>In-Network This plan does not cover acupuncture</p>

Plan Highlights for Our Medicare HMO Blue Plans

Value and Choice

Medicare HMO Blue plans are designed to help individuals eligible for Medicare enjoy all of the benefits of good health. Many people who are eligible for Medicare are surprised to discover they will need more health care coverage than what is included in Original Medicare.

Medicare HMO Blue plans provide coverage for all of your Original Medicare benefits plus additional benefits that Medicare doesn't generally cover (copayments may still apply).

Plan Benefits include:

- Routine annual physicals
- Coverage for routine hearing exams and vision care
- Allowances toward hearing aids and eyewear
- Routine preventive dental care
- Prevention and wellness programs
- Worldwide coverage for emergency care

Choosing a PCP

Medicare HMO Blue plan members have access to a network of doctors, specialists, and hospitals. When you enroll in a Medicare HMO Blue plan, you choose a primary care physician (PCP) from the Medicare HMO Blue network to coordinate your care with the specialists and hospitals that are part of our network. If you are currently seeing a specialist and wish to continue; you should check that the PCP you choose refers to that specialist. Except for emergency care, urgent care, or out-of-area renal dialysis, you must receive all of your routine care through the Medicare HMO Blue provider network.

You can choose a physician from our list of participating providers. To receive a directory, simply call us toll-free at **1-800-678-2265 (TTY: 1-800-522-1254)** to request one. Our office hours are Monday through Friday, 8:00 a.m. to 8:00 p.m.ET. You can also use the **Find a Doctor** feature on our website, **www.bluecrossma.com**. You must receive all of your care through the Medicare HMO Blue provider network, except for emergency, urgent, or out-of-area renal dialysis care.

Referral Information

If you and your PCP decide you need to see a specialist, you'll be referred to one your PCP feels is right for treating your condition. You do not need a referral for some services, such as routine women's health care, immunizations, and hearing and dental services. Refer to the Evidence of Coverage for full details.

Prior Authorization

Some of the covered services listed in the Benefits Chart, if received from a plan provider, are covered only if your doctor or other plan provider gets "prior authorization" (approval in advance) from our Plan.

Ambulance

You pay up to a \$50 copayment **each day** for Medicare covered ambulance services. You do not pay this copayment if you are admitted as an inpatient to the hospital within 24 hours or are held overnight at the hospital for observation or for trips between hospitals and/or skilled nursing facilities (when the ambulance service meets Medicare guidelines).

Immunizations

You pay a \$0 copayment for pneumonia and flu shots. You pay a \$0 copayment for Hepatitis B vaccines if you are at high or intermediate risk of Hepatitis B.

For other prescribed formulary immunizations furnished by a doctor's office or a network pharmacy, you pay the applicable pharmacy copayment. An office visit copayment may apply when administered in a doctor's office.

More than Medicare

Routine Vision Care

You are covered for a routine refractive eye exam once every 12 months. For a covered routine eye exam, you pay a \$20 copayment. For covered spectacle lenses once every 24 months, you pay nothing for one pair of lenses in the designated collection; copayments for optional lens upgrades vary. For covered eyeglass frames once every 24 months, you pay nothing for frames in the designated collection; you pay any balance in excess of \$90 for the cost of frames not in the designated collection. For covered contact lenses, evaluation and fittings once every 24 months, you pay a \$37 copayment for one pair of standard contact lenses from the designated collection, or a \$57 copayment for two boxes of disposable contact lenses (for bi-weekly and monthly disposable contact lenses, each box contains six lenses; for daily disposable contact lenses, each box contains thirty lenses) from the designated collection; you pay any balance in excess of \$100 for the cost of contact lenses not in the designated collection.



Routine Hearing Care

You pay nothing for a routine hearing exam once every 12 months. You pay any balance in excess of \$400 per 36 months for hearing aids, fittings, evaluations, batteries, and repairs.

You may get covered hearing exams and related hearing tests on your own, without a referral from your PCP, as long as you get it from a plan provider.

Routine Dental Care

Routine dental services are limited to one initial oral exam, one periodic oral exam every six months, one cleaning every six months and one set of bitewings every six months.

You pay a \$20 copayment for each office visit for covered preventive dental services.

Coverage for Benzodiazepine and Barbiturate Medications

Medicare HMO Blue PlusRx and Medicare HMO Blue PremierRx cover generic benzodiazepine and barbiturate therapeutic category drugs, which are drugs not normally covered under Medicare Part D. You pay generic copayments for these prescription drugs, including while in the coverage gap for the entire calendar year. Also, because these drugs are not normally covered by Medicare Part D, the amounts you pay when you fill a prescription for these drugs do not count toward your total drug costs. This means that the amount you pay does not help you qualify for catastrophic coverage. In addition, if you receive extra help from Medicare to pay for your prescriptions, you will not get any extra help from Medicare to pay for these drugs.

More Ways to Stay Healthy

It takes more than regular checkups with your doctor to stay active and healthy.

It takes exercising, eating well, and keeping a positive outlook. As a Medicare HMO Blue plan member, you have access to wellness programs, like our Fitness and Weight Loss benefits, and receive discounts on health care products and services through our Healthy Blue program.

Fitness

With the Fitness Benefit, you could save up to \$150 per year in health club membership dues or exercise class fees. Start exercising your options by choosing a qualified health club that works for you. The facility you choose must have a wide array of cardiovascular and strength-training exercise equipment, such as traditional health clubs, YMCAs, and YWCAs. Fees paid for attending aerobics/fitness classes at a qualified health club with no annual membership fee will also be covered up to your benefit limit.

Weight Loss

With the Weight Loss Benefit you can get up to \$150 toward fees paid for qualified Weight Watchers® (Weight Watchers Traditional or Weight Watchers at Work programs only) or hospital-based weight loss programs.

Blue Care® Line–Nurse Hotline

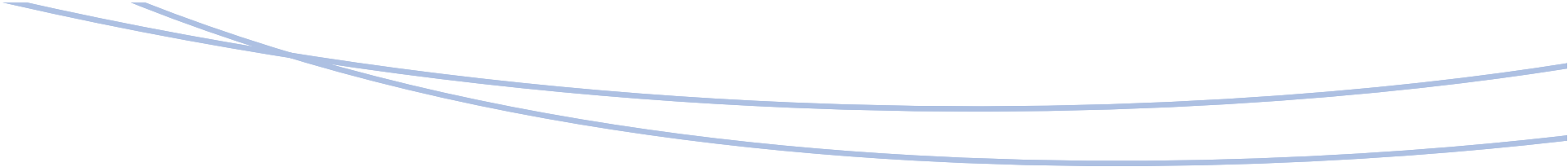
With the Blue Care Line, you can speak with a registered nurse at any time of the day, 7 days a week. Experienced professionals are always available to offer expert answers to your questions. Simply explain the situation, detail your symptoms, and our nurses will tell you whether you should see your doctor, go to the emergency room, or care for yourself at home.

It's a simple call that could help save a life, or just give you some much-needed peace of mind. And best of all, there is no extra cost to Blue Cross Blue Shield of Massachusetts members. Why hesitate? The next time you have any questions about your family's health, call the Blue Care Line at **1-888-247-BLUE (2583)**.

Healthy Blue Discounts

There are many reasons to stay healthy. That's why we're proud to offer you Healthy Discounts on an extensive variety of products and services to complement your healthy lifestyle.

- Living Healthy® Vision. Save on replacement contact lenses, eyeglasses, and laser vision correction (LVC) procedures.
- Living Healthy® Naturally. Save on acupuncture, massage therapy, nutrition counseling, and other alternative medicine disciplines.
- Sonicare® Essence 5300. Staying healthy starts at the top with good oral health. Get a discount on this power toothbrush clinically proven to fight plaque.
- Living Healthy® Smoke-free. If you're serious about putting down the pack, this program can help.

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- **Weight Watchers®**. Maintaining a healthy weight is one of the best things you can do to stay healthy. The Registration Fee will be waived and you will receive discounts on weight watchers programs.
 - **Original Healing Threads™** Garments. These stylish and functional garments are designed to empower patients undergoing medical treatment and recuperation. Blue Cross Blue Shield of Massachusetts members receive a 15 percent discount on all Original Healing Threads garments.

For more information visit **Healthy Discounts** on our website at www.bluecrossma.com.

The products and services offered through our Healthy Blue program are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the plan grievance process.

A Healthy Approach to Family, Fitness, and Fun - 24 hours a day

Ahealthyme.com

This comprehensive website offers you a variety of cool tools that help you calculate how healthy you are, online Self-Care Centers provide an in-depth look at some common medical conditions, an online pharmacy, and the most recent health and wellness news available. Learn more about health topics that interest you by searching the site's database or signing up for e-mailed newsletters at no extra cost.

[Disease Management](#)

Disease Management programs are voluntary services we offer to members at no extra cost, who have one or more chronic health conditions. These programs are designed to help members with the day-to-day management of conditions such as coronary artery disease, diabetes, and other chronic conditions. If you are invited to take part in a Disease Management program, you have the right to decide whether or not to participate, but we recommend you take full advantage of the assistance the program can provide.

[Limitations and Exclusions](#)

The coverage listed in this Summary of Benefits may be subject to limitations and exclusions. When you become a member of a Medicare HMO Blue plan, you will receive an Evidence of Coverage book that includes all limitations and exclusions. If you have questions about limitations and exclusions, please contact us at the phone number on the back of this booklet.

For more information or help with enrollment,
please call 1-800-678-2265 (TTY: 1-800-522-1254),
or visit www.bluecrossma.com/medicare.

Our Medicare HMO Blue plans are available to most Medicare beneficiaries, 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 Medicare HMO Blue Plan providers for routine care.

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 our Medicare HMO Blue plans are subject to change on an annual basis.

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