



MASSACHUSETTS



## Managed Blue for Seniors

3 Tier Copayment Prescription Drug Coverage  
\$15–\$30–\$50

### Summary of Benefits



This health plan, alone, does not meet **Minimum Creditable Coverage** standards and **will not satisfy** the individual mandate that you have health insurance.

## Your Care

With Managed Blue for Seniors, you have the convenience of selecting a doctor who is close to your home. Your primary care physician attends to all of your health care needs, including hospital services and referrals to specialists.

And we make health care easy. With Managed Blue for Seniors, there are no forms to fill out and no waiting for insurance checks. In most cases, you're covered either in full or with just a \$10 copayment.

## When You Travel, You're Covered.

As a member of Managed Blue for Seniors, you'll receive a Blue Cross and Blue Shield ID card. It's one of the most recognized health care cards anywhere. So, if you have a medical emergency away from home, you won't have to worry about an out-of-town hospital not recognizing your coverage. You're covered for an emergency room visit and one medically necessary follow-up visit with a copayment for each. If you're admitted to the hospital, your copayments will be waived, and you'll be covered in full.

## Your Medical Benefits

| Covered Services   | Your Cost      |
|--|----------------|
| <b>Outpatient Care</b>   |                |
| Routine office visits  | \$10 per visit |
| Complete physical examinations   | \$10 per visit |
| Routine gynecological examinations   | \$10 per visit |
| Annual vision examinations   | \$10 per visit |
| Allergy care and testing   | \$10 per visit |
| Cardiac rehabilitation services  | \$10 per visit |
| Chiropractor services  | \$10 per visit |
| Immunizations and injections   | No charge      |
| Diagnostic testing   | No charge      |
| X-rays and lab tests   | No charge      |
| Limited oral surgery   | \$10 per visit |
| (If you visit a specialist, you will need a referral from your primary care physician in order to receive full benefits. Otherwise your coverage will be limited to Medicare benefits only.)   |                |
| <b>Inpatient Care</b>  |                |
| Semiprivate room and board   | No charge      |
| Physician care   | No charge      |
| Surgical services  | No charge      |
| Medications  | No charge      |
| <b>Emergency Room Services (Within the Service Area)</b>   |                |
| Emergency room services for an unforeseen illness or injury (Copayment is waived if you are admitted to hospital)  | \$50 per visit |
| <b>Emergency Room Services (Outside the Service Area)</b>  |                |
| Emergency room services for an unforeseen illness or injury<br>One medically necessary follow-up visit is also available (copayment applies).<br>(You must notify the Plan within 48 hours; copayment is waived if you are admitted to hospital) | \$50 per visit |

## Your Medical Benefits (continued)

| Covered Services  | Your Cost   |
|---|---|
| <b>Mental Health and Substance Abuse</b><br>Biologically Based Mental Conditions* <ul style="list-style-type: none"> <li>• Inpatient admissions in a network General or Mental Hospital</li> <li>• Outpatient visits (No limit)</li> </ul>  | Nothing<br>\$10 copayment per visit                 |
| Non-Biologically Based Mental Conditions (includes drug addiction and alcoholism) <ul style="list-style-type: none"> <li>• Inpatient admissions in a network General Hospital</li> <li>• Inpatient admissions in a network Mental Hospital or Substance Abuse Facility (after Medicare days end, up to 60 days per calendar year)</li> <li>• Outpatient visits covered by Medicare and up to 24 visits per calendar year</li> </ul> | Nothing<br>Nothing<br>\$10 copayment per visit      |
| Alcoholism Treatment <ul style="list-style-type: none"> <li>• Inpatient admissions in a network General Hospital</li> <li>• Inpatient admissions in a network Substance Abuse Facility (after Medicare days end, up to 30 days per calendar year)</li> <li>• Outpatient visits covered by Medicare and up to 8 visits per calendar year (\$500 minimum value) when not covered by Medicare</li> </ul>                               | Nothing<br>Nothing<br>\$10 copayment per visit      |
| <b>Prescription Drug Benefits<sup>†</sup></b><br>Retail Prescription Drugs <ul style="list-style-type: none"> <li>Tier 1 drugs (up to a 60-day supply)</li> <li>Tier 2 drugs (up to a 60-day supply)</li> <li>Tier 3 drugs (up to a 60-day supply)</li> </ul>   | \$15 copayment<br>\$30 copayment<br>\$50 copayment  |
| Mail Service Prescription Drugs <ul style="list-style-type: none"> <li>Tier 1 drugs (up to a 90-day supply)</li> <li>Tier 2 drugs (up to a 90-day supply)</li> <li>Tier 3 drugs (up to a 90-day supply)</li> </ul>  | \$30 copayment<br>\$60 copayment<br>\$100 copayment |
| <b>Additional Benefits</b><br>Medicare-approved ambulance service when medically necessary per one-way transport (copayment waived for emergency transport)   | \$40 copayment                                      |
| Skilled Nursing Facility (100 days per benefit period)  | No charge   |
| Rehabilitation Hospital (365 days in a lifetime, after Medicare days end)   | No charge   |
| Medicare-approved home health care as requested by a Managed Blue for Seniors physician   | No charge   |
| Medicare-approved outpatient physical, speech/language pathology, and occupational therapy (hospital setting)   | \$10 per visit                                      |
| Medicare-approved outpatient physical and speech/language pathology (professional providers)  | \$10 per visit                                      |
| Medicare-approved outpatient occupational therapy (professional providers)  | \$10 per visit                                      |
| Medicare-approved durable medical equipment   | \$10 per item                                       |

\* You must call 1-800-524-4010 for referrals.

† Prescriptions must be filled through participating pharmacies or participating mail service providers.

## Exclusions

Services not covered include cosmetic surgery, custodial care, experimental procedures, pain clinics, personal comfort items and services, and most dental care, unless otherwise outlined.

## 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.

|   |                            |
|---|----------------------------|
| A Fitness Benefit toward membership at a health club (see your plan description for details)  | You receive \$150 per year |
| Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program  | You receive \$150 per year |
| Living Healthy <sup>®</sup> Vision—discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)   | Discount varies            |
| Discounts on safety helmets and home safety items   | Discount varies            |
| Blue Care <sup>®</sup> Line to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)  | No charge                  |
| Living Healthy <sup>®</sup> 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 <a href="http://www.AHealthyMe.com">www.AHealthyMe.com</a> 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](http://www.bluecrossma.com)**.

## Limitations.

These pages summarize your health care plan. Your plan description and riders define the full terms and conditions. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders.

