



An Independent Licensee of the
Blue Cross and Blue Shield Association

Drug Copayments \$5-\$10-\$25

Medicare HMO Blue
is a Medicare Advantage
plan from Blue Cross and
Blue Shield of Massachusetts
HMO Blue, Inc.



Medicare | **HMO**
B l u e[®]

Benefits Overview 2007

Covered Services for Medicare HMO Blue Members

Primary Care Physician (PCP)

Your Cost

Office visits \$10 per visit

Specialty Care (when medically necessary)

Office visits (when referred by your PCP) \$20 per visit

Diagnostic tests and X-rays No charge

Outpatient surgery \$50 per visit

Allergy testing and serum No charge

Outpatient dialysis treatment No charge

Outpatient radiation therapy No charge

Cardiac rehabilitation services \$15 per visit

Physical, occupational, and speech therapy \$15 per visit

Preventive Care

Periodic checkups \$10 per visit

Immunizations No charge

Routine GYN exam/Pap smear—one each calendar year \$20 in specialist's office

Screening mammograms—one every year No charge

Eye exams—one routine exam every 12 months \$20 per visit

Eyewear, including contacts—up to \$100 once every 24 months

Hearing tests—one exam every 12 months \$20 per visit

Hearing aids, and/or batteries, and/or repairs—up to \$400 every 36 months

Inpatient Hospital Services

Unlimited days for medically necessary hospitalization in a semi-private room \$100 per day
(\$500 annual maximum)

Up to 90 days per benefit period in a rehabilitation hospital¹ \$25 per day

Physician services No charge

Intensive care services No charge

Diagnostic tests and X-rays No charge

Drugs provided by hospital during stay No charge

Physical, occupational, and speech therapy No charge

Skilled Nursing Facility Care (when medically necessary)

Up to 100 days per benefit period¹ (no prior hospital stay required) \$10 per day—Days 1–20
\$200 annual cap

Emergency Care²

For emergencies worldwide and urgently needed care out of the Medicare HMO Blue service area.

Hospital emergency room (fee waived if admitted within 24 hours) \$50 per visit

Doctor's office \$10 in PCP's office
\$20 in specialist's office

¹ A benefit period begins with the first day of a Medicare-covered inpatient hospital stay and ends with the close of a period of 60 consecutive days during which you were not an inpatient of a hospital or a skilled nursing facility.

² Important. No prior authorization required for emergency care worldwide. You should call your PCP as soon as possible to arrange follow-up treatment. If you are outside the Medicare HMO Blue service area, you may call Member Service toll free at **1-800-200-4255**. Follow-up care must be provided or arranged by your PCP.

Benefits at a Glance: A Condensed Summary of Benefits from Medicare HMO Blue

Urgently Needed Care

Your Cost

For urgently needed care while you are in the Medicare HMO Blue service area, you must call your PCP, if possible. If your PCP is not available due to extraordinary circumstances, go to the nearest appropriate provider.

Hospital emergency room (fee waived if admitted within 24 hours)	\$50 per visit
Doctor's office	\$20 per visit

Mental Health and Substance Abuse (when medically necessary)

Inpatient care for mental health, alcoholism, and drug abuse

In an acute hospital	\$100 per day (\$500 annual maximum)
In a psychiatric hospital (lifetime limit of 190 days ³)	\$100 per day (\$500 annual maximum)

Outpatient care

For mental health, alcoholism, and drug abuse per calendar year	\$20 per visit (1–10) \$30 per visit (11+)
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Other Health Services (when medically necessary)

Home health services (non-custodial)	No charge
Durable medical equipment	No charge
Prosthetic devices and ostomy supplies	No charge
Ambulance services	\$50 (waived if admitted)

Dental Services (beyond emergency medical treatment)

One cleaning and one oral exam every six months, including one set of bitewing X-rays every six months	\$20 per visit
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Podiatry Services

Medically necessary foot care	\$20 per visit
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Chiropractic Services

Medically necessary spinal manipulation to correct subluxation	\$20 per visit
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Prescription Drug Benefit⁴

At a participating retail pharmacy (up to a 30-day supply) ⁵	for generic drugs	\$5 copayment
	for preferred drugs	\$10 copayment
	for non-preferred drugs	\$25 copayment
Through a participating mail service pharmacy (up to a 90-day supply)	for generic drugs	\$10 copayment
	for preferred drugs	\$20 copayment
	for non-preferred drugs	\$50 copayment

³ Beyond the 190-day limit, members are covered in full for 60 days per calendar year for mental health and substance abuse; 30 days per calendar year for alcoholism.

⁴ Copayments apply until you have spent \$3,850 out-of-pocket for your prescription drug costs; thereafter you will pay \$2.15 for generic and preferred drugs, \$5.35 for non-preferred drugs or 5% of the prescription cost, whichever is greater.

⁵ Prescription drugs may be available at retail pharmacies up to a 90-day supply. If available, calculate the copayment charge for each 30-day supply. Refer to the Evidence of Coverage for more details.

For more information or help with enrollment,
please call **1-800-678-2265 (TTY 1-800-522-1254)**

Monday through Friday, 8:00 a.m. to 5:00 p.m. or visit
www.bluecrossma.com/medicare.

Most people with Medicare may apply, 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 Medicare HMO Blue are subject to change January 1 each year.

These pages summarize benefits under your Medicare HMO Blue plan. For a complete list of the benefits and conditions of your plan, consult your Evidence of Coverage. Should any questions arise concerning benefits, the Evidence of Coverage will govern. To receive a copy of the Evidence of Coverage, please call Medicare HMO Blue at **1-800-678-2265** (current members should call **1-800-200-4255**).

