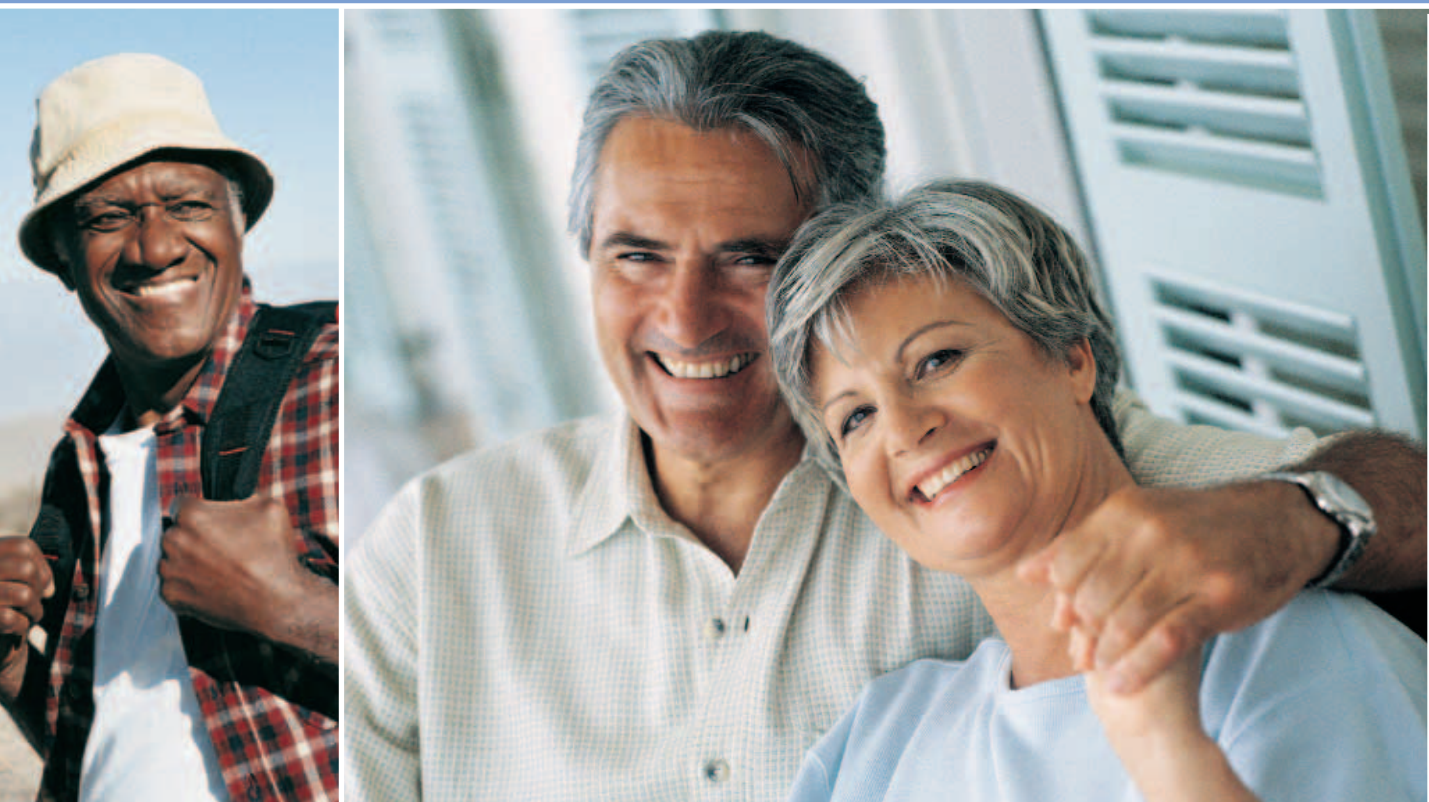


Medex[®]



Summary of Benefits

Medex 3 Plan 2008—Plan Overview

This Medex plan provides benefits for the:

- Medicare Part A Deductible and Co-insurances
- Medicare Part B Deductible and Co-insurance
- OBRA Benefits
- Prescription Drugs

City of Salem



An Independent Licensee of the
Blue Cross and Blue Shield Association

Your Medical Benefits

	Medicare Provides	Medex Provides
Inpatient Care		
Hospital care—including surgical services, X-rays and laboratory tests, anesthesia, drugs and medications, and intensive care services	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$1,024 inpatient deductible • Coverage for days 61–90 after \$256 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$512 daily co-insurance 	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up*
Physician or other professional provider services	80% of approved charges after \$135 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Skilled nursing facility—participating with Medicare**	<ul style="list-style-type: none"> • Full coverage for days 1–20 • Coverage for days 21–100 after \$128 daily co-insurance 	<ul style="list-style-type: none"> • Full coverage of Medicare daily co-insurance for days 21–100 • \$16 daily for days 101–365
Skilled nursing facility—not participating with Medicare**	No benefits	\$16 daily for 365 days per benefit period
Dental services are not covered by Medicare, however, when your medical or dental condition requires an inpatient admission, Medex provides full coverage for hospital and participating dentist charges for surgical removal of unerupted teeth or teeth impacted in bone and the extraction of seven or more permanent teeth.		
Outpatient Care		
Office visits, accident treatment, sudden and serious medical emergency treatment, surgery, radiation therapy, X-ray and lab tests, podiatrists' services, hemodialysis, ambulance services, durable medical equipment, and cardiac rehabilitation services	80% of approved charges after \$135 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Vision Benefits		
Services by participating ophthalmologists	80% of approved services after the \$135 annual Part B deductible	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • For services not approved by Medicare, full coverage for vision exams, including refractions to determine the need for eyeglasses
Services by an participating optometrist	80% of approved services after the \$135 annual Part B deductible for exams related to aphakia (condition following cataract surgery)	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • For services not approved by Medicare, 20% coverage for vision exams, including refractions to determine the need for eyeglasses
Short-Term Rehabilitation		
Physical therapy, speech-pathology, and occupational therapy		
Outpatient hospital or emergency room	80% of approved services, after the \$135 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Physical therapy and speech-pathology		
Professional provider outpatient services (Combined limit \$1,780 per calendar year)	80% of approved services, after the \$135 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Occupational therapy		
Professional provider outpatient services (Limit \$1,780 per calendar year)	80% of approved services, after the \$135 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Prescription Drugs		
At a designated retail pharmacy (up to a 34-day supply for each prescription or refill)	Medicare does not provide coverage for prescription drugs used outside of the hospital. See your Medicare handbook for certain covered drugs.	<ul style="list-style-type: none"> • \$5 copayment (generic drugs) • \$10 copaymnet (brand-name drugs)
Through the mail-service pharmacy (up to a 90-day supply for each prescription or refill)	No benefits	<ul style="list-style-type: none"> • \$2 copayment (generic drugs) • \$10 copayment (brand-name drugs)

* The 365 additional days per lifetime are a combination of days in a general or mental hospital.

** A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.

Your Medical Benefits

	Medicare Provides	Medex Provides
Chiropractor services	80% of approved charges after \$135 annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance for Medicare-approved charges only • 20% of the approved charges for services not covered by Medicare
Blood glucose monitors and materials to test for the presence of blood sugar	80% of approved charges after \$135 annual Part B deductible for all diabetics	Full coverage of Medicare deductible and co-insurance
Urine test strips Claims must be submitted on a Medex Subscriber claim form.	No benefits	Covered to the same extent as brand-name prescription drugs.
Mental Health and Substance Abuse Treatment†		
Biologically based mental conditions*		
Inpatient admissions in a general or mental hospital	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$1,024 inpatient deductible • Coverage for days 61–90 after \$256 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$512 daily co-insurance • Coverage for mental hospital admissions is limited to 190 days per lifetime 	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up**
Outpatient visits	Full benefits, less the \$135 annual Part B deductible and the Part B co-insurance	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare deductible and co-insurance with no visit maximum • When visits are not covered by Medicare, full coverage with no visit maximum
Non-biologically based mental conditions (includes drug addiction and alcoholism)		
Inpatient admissions in a general hospital	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$1,024 inpatient deductible • Coverage for days 61–90 after \$256 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$512 daily co-insurance 	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up**
Inpatient admissions in a mental hospital	Same coverage as a general hospital, but coverage is limited to 190 days per lifetime	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • When Medicare days are used up, full coverage up to 120 days per benefit period (at least 60 days per calendar year), less any days in a mental hospital already covered by Medicare or Medex in that benefit period (or calendar year)
Outpatient visits	Full coverage after the \$135 annual Part B deductible and the Part B co-insurance	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Part B deductible and co-insurance with no visit maximum • When not covered by Medicare, full coverage up to 24 visits per calendar year

† Benefits are also available for admissions for alcohol detoxification, up to \$1,000 per contract year, less any Medicare payments.

* Treatment for rape-related mental or emotional disorders is covered to the same extent as biologically based conditions.

** The 365 additional days per lifetime are a combination of days in a general or mental hospital.

Preventive Services Approved by Medicare and Medex

- One routine fecal-occult blood test every year for members age 50 or older (Full coverage)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage)
- One routine colonoscopy every two years for a member at high-risk for cancer (Full coverage)
- Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage)
- Routine prostate cancer screening for members 50 years or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage)
- One routine gynecological exam every two years (Full coverage)
- One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage when covered by Medicare)
- One baseline mammogram during the five year period a member is age 35–39 and one routine mammogram per calendar year for members age 40 and older (Full coverage)
- One routine Pap smear test per calendar year (Full coverage) (Exam not covered every year, unless covered by Medicare for member at high risk for cancer.)

Important Information

- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.
- The Medicare inpatient deductible and co-insurance amounts are subject to change January 1 of each year. The deductibles and co-insurance amounts listed here are for the year 2008.
- Benefits are available immediately upon your effective date.
- You are encouraged to use an Express Scripts pharmacy outside of Massachusetts. These pharmacies will file claims for you as long as you have your ID card with you.

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 **1-800-782-3675** to receive our *Healthy Blue* booklet, which outlines these special programs.

Living Healthy [®] 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 [®] Line to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No charge
Living Healthy [®] Naturally—discounts on different types of complementary and alternate medicine services such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi, and yoga	Up to a 30% discount
Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No charge

Questions?

Call **1-800-782-3675 (TTY) 1-800-522-1254.**

The Member Service staff can assist you Monday through Friday, 8 a.m. to 6 p.m.

Medicare Office Telephone Number in Massachusetts: 1-800-MEDICARE (1-800-633-4227)

For more information about Blue Cross Blue Shield of Massachusetts, log on to: **www.bluecrossma.com.**

Limitations and Exclusions. These pages summarize the benefits of 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. Please Note: Blue Cross and Blue Shield of Massachusetts, Inc. is the administrator of the benefits described in this Summary of Benefits. Blue Cross Blue Shield administers claim payments only and does not assume financial risk for claims.

