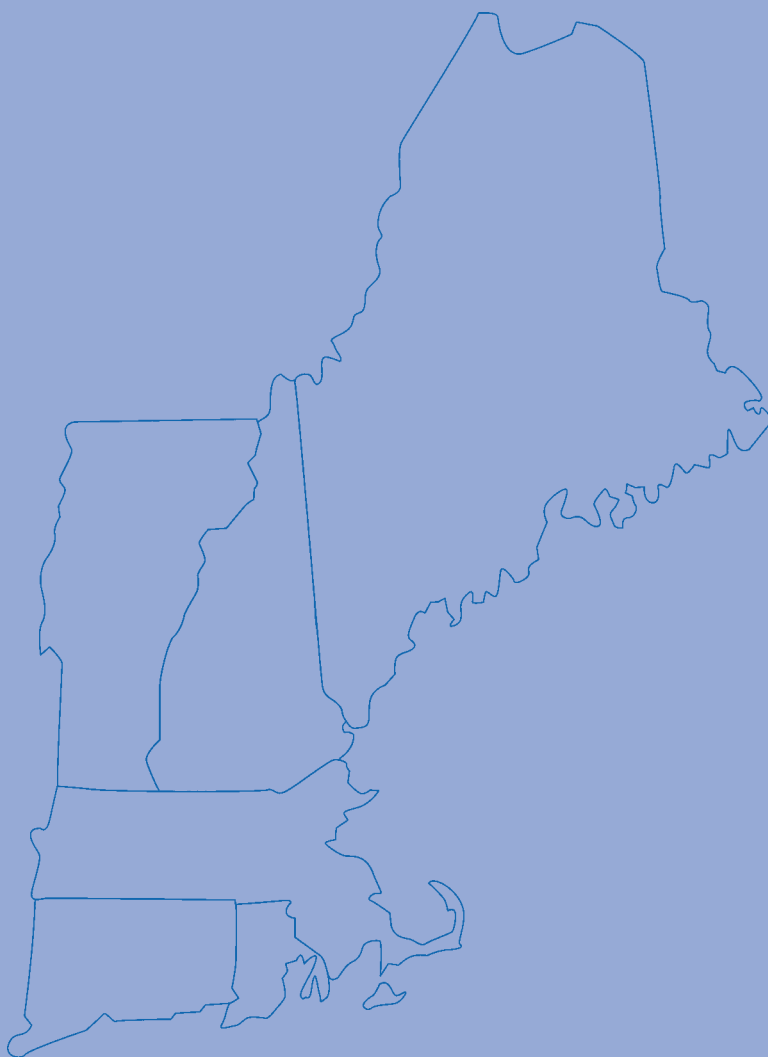




# HMO Blue<sup>®</sup> New England

“Value” Option

## Summary of Benefits



BlueCross  
BlueShield

An Association of Independent Blue Cross and Blue Shield Plans

# Your Care

## Your Primary Care Physician.

Your primary care physician (PCP) is the first person you call when you need medical care. If your PCP determines that you need to see a specialist, you'll be referred to the appropriate specialist affiliated with your PCP's network, which is also the network where you'll receive inpatient care if needed. Your physician may also work with Blue Cross Blue Shield concerning the Utilization Review Requirements, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your subscriber certificate.

## Choosing a Primary Care Physician.

When you join HMO Blue New England "Value" Option, you choose a PCP for you and each member of your family from any New England state. There are several ways to find a PCP: visit the Blue Cross Blue Shield of Massachusetts website at [www.bluecrossma.com](http://www.bluecrossma.com); consult the *HMO Blue New England Directory of Providers*; or call our Physician Selection Service at 1-800-821-1388. If you have trouble choosing a doctor, the Physician Selection Service can help. We can tell you whether a doctor is male or female, the medical school(s) he or she attended, and if any languages other than English are spoken in the office.

## Urgent Care.

If you need urgent medical care, call your PCP to arrange where you'll receive treatment. Examples of urgent care are sprains, earaches, and high fever.

## Urgent Care Away from Home.

If you're traveling outside of the plan service area (the state in which your PCP is located) and you need urgent care, go to the nearest appropriate medical facility. You, or someone on your behalf, must call your PCP within 48 hours (no call is needed if you go to an emergency room). And, any follow-up care must be arranged by your PCP.

## Emergency Care—Wherever You Are.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). There is a **\$100** copayment for emergency room services, which is waived if you're admitted to the hospital. Any follow-up care must be arranged by your PCP.

## Out-of-Pocket Maximum.

You're protected by an out-of-pocket maximum of **\$2,000** for a member in a calendar year (**\$4,000** for all family members covered under the same membership). Only copayments for hospital admissions, ambulatory surgery admissions, and emergency room services will be applied to your out-of-pocket maximum.

## Dependent and Student Benefits.

HMO Blue New England "Value" Option covers your unmarried dependent children until age 19, or full-time students until age 25. Student coverage ends when the student turns 25, marries, or on November 1 following the date the student discontinues full-time classes or graduates, whichever comes first. Coverage may vary; please check with your employer.

# Your Medical Benefits

With HMO Blue New England “Value” Option,\* you have the comfort of knowing that you’re covered in sickness, in health, in the hospital, and in emergencies, anytime, anywhere. There are no waiting periods for benefits, and virtually no claim forms to fill out. And you’ll be recognized when you travel as a member of the Blue Cross Blue Shield family.

Covered Services	Your Cost
<b>Outpatient Care</b>	
Office visits	\$25 per visit
Well-child care	\$25 per visit
Routine checkups (including one GYN exam per calendar year)	\$25 per visit
Maternity care	Nothing
Diagnostic X-rays, lab tests, and other tests	Nothing
Hearing exams	\$25 per visit
Vision exams (one per 24-month period)	\$25 per visit
Emergency room visits	\$100 per visit (waived for observation stay or if admitted)
Allergy injections only	Nothing
Family planning	\$25 per visit
Infertility services	\$25 per visit Nothing for office surgery
Short-term rehabilitation therapy (physical and occupational): Covered up to 60 visits per calendar year**	\$25 per visit
Speech, hearing, and language disorder treatment	\$25 per visit
Home health care and hospice care	Nothing
Chiropractor services	\$25 per visit
Durable medical equipment (such as wheelchairs, crutches, hospital beds): Covered to a maximum of \$750 per calendar year***	All charges beyond the calendar-year benefit maximum
Oxygen and equipment for its administration	Nothing
Prosthetic devices	Nothing
Ambulatory surgery (including infertility services)	\$250† per admission for outpatient day surgery Nothing for office surgery
<b>Inpatient Care (including maternity care)</b>	
Hospital care (as many days as medically necessary)	\$500† per admission
Care in a skilled nursing facility (up to 100 days per calendar year)	Nothing
Care in a rehabilitation hospital (up to 60 days per calendar year)	Nothing
<b>Prescription Drug Benefit (available as a group option)</b>	
At designated retail pharmacies (up to a 30-day formulary supply for prescription/refill or supply)	<b>\$250 per member/\$625 per family calendar-year deductible, then:</b> \$10 for Tier 1 \$20 for Tier 2 \$35 for Tier 3
Through mail service drug program (up to a 90-day formulary supply for prescription/refill or supply)	<b>No deductible</b> \$20 for Tier 1 \$40 for Tier 2 \$70 for Tier 3

\* In Vermont, this is called Network Blue New England.

\*\* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or to diagnose and treat speech, hearing, and language disorders.

\*\*\*No dollar limit applies when durable medical equipment is furnished as part of covered home dialysis, home health care, or hospice services.

† Your copayment for an inpatient admission followed by outpatient day surgery or additional inpatient care (or for outpatient day surgery followed by inpatient care) within 30 days for the same or related illness will not be more than \$500.

## Your Medical Benefits (continued)

Covered Services	Your Cost
<b>Mental Health and Substance Abuse Treatment</b>	
<b>Biologically based conditions*</b>	
Inpatient admissions in a general hospital or mental hospital	\$500** per admission
Outpatient visits	\$25 per visit
<b>Non-biologically based mental conditions (includes drug addiction and alcoholism)</b>	
Inpatient admissions in a general hospital	\$500** per admission
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	\$500** per admission
Outpatient visits (up to 24 visits per calendar year)	\$25 per visit
<b>Alcoholism treatment (in addition to non-biologically based mental conditions)</b>	
Inpatient admissions in a general hospital	\$500** per admission
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	\$500** per admission
Outpatient visits (up to 8 visits per calendar year)***	\$25 per visit

\* Treatment for rape-related mental or emotional disorders and treatment for children under age 19 are covered to the same extent as biologically based conditions.

\*\* Your copayment for an inpatient admission followed by outpatient day surgery or additional inpatient care (or for outpatient day surgery followed by inpatient care) within 30 days for the same or related illness will not be more than \$500.

\*\*\*The value of these visits is at least \$500 in each calendar year.

## 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.

LIVING HEALTHY Babies®	No charge
A Fitness Benefit toward membership at a health club (see your subscriber certificate for details)	\$150 per year; per individual/family
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	\$150 per year; per individual/family
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
Living Healthy® 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
Blue Care® Line to answer your health care questions 24 hours a day—call <b>1-888-247-BLUE (2583)</b>	No charge
Visit <b>www.AHealthyMe.com</b> for an around-the-clock healthy approach to fitness, family, and fun	No charge
Member Self Service on <b>bluecrossma.com</b> —to help you manage your health care	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**.

**Limitations and Exclusions.** These pages highlight some of the benefits of your HMO Blue New England “Value” Option plan. The benefits described are covered when arranged by your primary care physician and coordinated by HMO Blue New England “Value” Option. Your subscriber certificate and riders define the terms and conditions of your coverage. Should any questions arise, the subscriber certificate and riders will govern. Some of the services we don’t cover are: custodial care; cosmetic surgery; most dental care; hearing aids; or any services covered by workers’ compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate.