Blue Cross Blue Shield of Massachusetts

Medex®

Outline of Medicare Supplement Coverage—Cover Page: Benefit Plans Medicare Supplement Core Through 1

Medicare Supplement Insurance can be sold in only two standard plans. The chart on the following page shows the benefits included in each plan. Every company must make available the "Core" plan. Companies may add certain benefits to the standard benefits, if approved by the Commissioner. Look at each company's materials to find out which benefits, if any, the company has added to the standard benefits for each plan it offers.

Basic Benefits:	Included in All Plans.
Hospitalization:	Part A co-insurance coverage for the first 90 days per benefit period (not including the Medicare Part A deductible) and the 60 Medicare lifetime reserve days, plus coverage for 365 additional days after Medicare benefits end. This shall include benefits for biologically based mental disorders.
Medical Expenses:	Part B co-insurance (generally 20% of Medicare-approved expenses) or, in the case of hospital outpatient department services under a prospective payment system, applicable copayments. This shall also include benefits for biologically based mental disorders.
Blood:	First three pints of blood each year.

An Independent Licensee of the Blue Cross and Blue Shield Association

Medicare Supplement Core **Medex Core**	**Medicare Supplement 1** **Medex Bronze**
STANDARD BENEFITS Basic Benefits	STANDARD BENEFITS Basic Benefits
Hospitalization: For biologically based mental disorders, stays in a licensed mental hospital; for other mental disorders: up to 60 days per calendar year in a licensed mental hospital less days covered by Medicare or plan	Hospitalization: For biologically based mental disorders, stays in a licensed mental hospital; for other mental disorders: up to 120 days per benefit period (at least 60 days per calendar year) in a licensed mental hospital less days covered by Medicare or plan
	Skilled Nursing co-insurance
	Part A deductible
	Part B deductible
	Foreign Travel
RATES	RATES
Rates Effective 3/15/07	Rates Effective 3/15/07
Billed Monthly $89.15	Billed Monthly $157.89
Billed Quarterly $266.43	Billed Quarterly $471.84

Massachusetts Medicare Supplement Outline of Coverage

Blue Cross and Blue Shield of Massachusetts, Inc.

Medicare Supplement Core—Medex Core (ME 11 DB)

Medicare Supplement 1—Medex Bronze (ME 2 DB)

Policy Category: Medicare Supplement Insurance

"NOTICE TO BUYER: This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations."

Premium Information

We, Blue Cross and Blue Shield of Massachusetts, Inc., can only raise your premium if we raise the premium for all policies like yours in Massachusetts, if approved by the Commissioner of Insurance. If you choose to pay your premium on a monthly or quarterly basis, upon your death, we will refund the unearned portion of the premium paid. If you choose to pay your premium on a monthly or quarterly basis and you cancel your policy, we will refund the unearned portion of the premium paid. In the case of death the unearned portion of the premium will be refunded on a pro-rata basis.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both yourself and your insurance company.

Right To Return Policy

If you find you are not satisfied with your policy, you may return it to Blue Cross Blue Shield of Massachusetts, MEDEX Member Services, P.O. Box 9130, North Quincy, MA 02171-9130. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it. If you cancel your present policy and then decide that you do not want to keep your new policy, it may not be possible to have your present policy's coverage reinstated.

Notice

This policy may not fully cover all of your medical costs. Blue Cross Blue Shield of Massachusetts is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult *Medicare & You* for more details.

Massachusetts Medicare Supplement Outline of Coverage (*continued*)

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer all the questions truthfully and completely. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Massachusetts Summary

The Commissioner of Insurance has set standards for the sale of Medicare Supplement Insurance policies. Such policies help you pay hospital and doctor bills, and some other bills, that are not covered in full by Medicare. Please note that the benefits provided by Medicare and this Medicare Supplement Insurance policy may not cover all of the costs associated with your treatment. It is important that you become familiar with the benefits provided by Medicare and your Medicare Supplement Insurance policy. This policy summary outlines the different coverage you have if, in addition to this policy, you are also covered by Part A (hospital bills, mainly) and Part B (doctors' bills, mainly) of Medicare.

Under Massachusetts General Laws, c. 112, s. 2, no physician who agrees to treat a Medicare beneficiary may charge to or collect from that beneficiary any amount in excess of the reasonable charge for that service as determined by the United States Secretary of Health and Human Services. This prohibition is commonly referred to as the "ban on balance billing." A physician is allowed to charge you or collect from your insurer a copayment or co-insurance for Medicare-covered services. However, if your physician charges you or attempts to collect from you an amount which together with your copayment or co-insurance is greater than the Medicare-approved amount, please contact the Board of Registration in Medicine at **(617) 727-3086**.

We cannot explain everything here. Massachusetts law requires that personal insurance policies be written in easy-to-read language. So, if you have questions about your coverage which are not answered here, read your policy. If you still have questions, call one of the customer service telephone numbers listed on the back of this brochure. You may also wish to get a copy of *Medicare & You*, a small book put out by Medicare that describes Medicare benefits.

Massachusetts Medicare Supplement Outline of Coverage (*continued*)

The Benefits-To-Premium Ratio For Medex Bronze Is 95.1%.

This means that during the anticipated life of your policy and others just like it, Blue Cross Blue Shield of Massachusetts expects to pay out $95.10 in claims made by you and other policyholders for every $100 we collect in premiums. The minimum loss ratio for Blue Cross Blue Shield of Massachusetts policies of this type is 90%. The minimum loss ratio for non-Blue Cross Blue Shield of Massachusetts policies of this type is 65%. A higher ratio is to your advantage, as long as it allows the company reasonable return, so that the product remains available.

The Benefits-To-Premium Ratio For Medex Core Is 94.8%.

This means that during the anticipated life of your policy and others just like it, Blue Cross Blue Shield of Massachusetts expects to pay out $94.80 in claims made by you and other policyholders for every $100 we collect in premiums. The minimum loss ratio for Blue Cross Blue Shield of Massachusetts policies of this type is 90%. The minimum loss ratio for non-Blue Cross Blue Shield of Massachusetts policies of this type is 65%. A higher ratio is to your advantage, as long as it allows the company reasonable return, so that the product remains available.

Complaints

If you have a complaint, call us at one of the customer service telephone numbers listed on the back of this brochure. If you are not satisfied, you may call the Massachusetts Division of Insurance, at **(617) 521-7777** (Boston) or **(413) 785-5526** (Springfield).

Medicare Supplement Core (Medex Core)

Medicare (Part A)—Hospital Services—Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semi-private room and board, general hospital nursing and miscellaneous services and supplies, and licensed mental hospital stays for biologically based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but $992	$0	$992 (Part A Deductible)
61st through 90th day of a benefit period	All but $248 a day	$248 a day	$0
91st day and after of a benefit period			
– While using 60 lifetime reserve days	All but $496 a day	$496 a day	$0
– Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0
– Beyond the additional 365 days	$0	$0	All Costs
Licensed mental hospital stays not covered by Medicare for biologically based mental disorders			
First 60 days of a benefit period	$0	All but $992	$992 (Part A Deductible)
61st through 90th day of a benefit period	$0	100% of Medicare eligible expenses	$0
91st day and after of a benefit period			
– While using 60 lifetime reserve days	$0	100% of Medicare eligible expenses	$0
– Once lifetime reserve days are used			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0
– Beyond the additional 365 days	$0	$0	All Costs
Licensed mental hospital stays not covered by Medicare for other mental disorders			
First 60 days per calendar year less days covered by Medicare or plan in that calendar year	$0	All but $992	$992 (Part A Deductible)
61st through 120th day of a benefit period	$0	100% of Medicare eligible expenses	$0
Days after 60 days per calendar year less days covered by Medicare or plan in that calendar year	$0	$0	All Costs

Medicare Supplement Core (Medex Core) *(continued)*

Medicare (Part A)—Hospital Services—Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Skilled Nursing Facility Care* (Participating with Medicare) You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after having left the hospital			
First 20 days of a benefit period	All approved amounts	$0	$0
21st through 100th day of a benefit period	All but $124 a day	$0	Up to $124 a day
101st day and after of a benefit period	$0	$0	All Costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for outpatient drugs and inpatient respite care	Actual billed charges up to the co-insurance amount	$0

Medicare Supplement Core (Medex Core)

Medicare (Part B)—Medical Services—Per Calendar Year

**Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical expenses in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $131 of Medicare-approved amounts**	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Outpatient treatment for biologically based mental disorders (for services covered by Medicare)			
First $131 of Medicare-approved amounts**	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	50%	50%	$0
Outpatient treatment for biologically based mental disorders (for services not covered by Medicare)	$0	100% of expenses	$0
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First $131 of Medicare-approved amounts**	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	50%	50%	$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)			
First 24 visits per calendar year	$0	100%	$0
Visits 25 and after	$0	$0	All Costs
Blood			
First 3 pints	$0	All Costs	$0
Next $131 of Medicare-approved amounts**	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services— Blood Tests for Diagnostic Services	100%	$0	$0
Special Medical Formulas Mandated By Law Covered by Medicare			
First $131 of Medicare-approved amounts**	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Not covered by Medicare	$0	All allowed charges	Balance

Medicare Supplement Core (Medex Core) *(continued)*

Medicare (Parts A & B)

**Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $131 of Medicare-approved amounts**	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits—Not Covered By Medicare

Services	Medicare Pays	Plan Pays	You Pay
Outpatient Prescription Drugs—Not Covered By Medicare	$0	$0	All Costs

Medicare Supplement 1 (Medex Bronze)

Medicare (Part A)—Hospital Services—Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semi-private room and board, general hospital nursing and miscellaneous services and supplies, and licensed mental hospital stays for biologically based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but $992	$992 (Part A Deductible)	$0
61st through 90th day of a benefit period	All but $248 a day	$248 a day	$0
91st day and after of a benefit period:			
– While using 60 lifetime reserve days	All but $496 a day	$496 a day	$0
– Once lifetime reserve days are used			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0
– Beyond the additional 365 days	$0	$0	All Costs
Licensed mental hospital stays for biologically based mental disorders not covered by Medicare			
First 60 days of a benefit period	$0	100% of Medicare eligible expenses	$0
61st through 90th day of a benefit period	$0	100% of Medicare eligible expenses	$0
91st day and after of a benefit period			
– While using 60 lifetime reserve days	$0	100% of Medicare eligible expenses	$0
– Once lifetime reserve days are used			
– Additional 365 days	$0	100% of Medicare eligible expenses	$0
– Beyond the additional 365 days	$0	$0	All Costs
Licensed mental hospital stays not covered by Medicare for other mental disorders			
First 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or plan in that calendar year			
First 60 days of a benefit period	$0	100% of Medicare eligible expenses	$0
61st through 120th day of a benefit period	$0	100% of Medicare eligible expenses	$0
Days after 120 days per benefit period (or 60 days per calendar year) less days covered by Medicare or plan in that calendar year	$0	$0	All Costs

Medicare Supplement 1 (Medex Bronze) (*continued*)

Medicare (Part A)—Hospital Services—Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Skilled Nursing Facility Care* (Participating with Medicare) You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after having left the hospital			
First 20 days of a benefit period	All approved amounts	$0	$0
21st through 100th day of a benefit period	All but $124 a day	Up to $124 a day	$0
101st day through 365th day of a benefit period	$0	$10 a day	Balance
Beyond the 365th day of a benefit period	$0	$0	All Costs
(Not Participating with Medicare) You must meet Medicare's requirements, including having been in a hospital for at least 3 days and transferred to the facility within 30 days after having left the hospital			
1st day through 365th day of a benefit period	$0	$8 a day	Balance
Beyond the 365th day of a benefit period	$0	$0	All Costs
Blood First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for outpatient drugs and inpatient respite care	Actual billed charges up to the co-insurance amount	$0

Medicare Supplement 1 (Medex Bronze)

Medicare (Part B)—Medical Services—Per Calendar Year

**Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical expenses in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $131 of Medicare-approved amounts**	$0	$131 (Part B Deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Outpatient treatment for biologically based mental disorders (for services covered by Medicare)			
First $131 of Medicare-approved amounts**	$0	$131 (Part B Deductible)	$0
Remainder of Medicare-approved amounts	50%	50%	$0
Outpatient treatment for biologically based mental disorders (for services not covered by Medicare)	$0	100%	$0
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First $131 of Medicare-approved amounts**	$0	$131 (Part B Deductible)	$0
Remainder of Medicare-approved amounts	50%	50%	$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)			
First 24 visits per calendar year	$0	100%	$0
Visits 25 and after	$0	$0	All Costs
Blood			
First 3 pints	$0	All Costs	$0
Next $131 of Medicare-approved amounts**	$0	$131 (Part B Deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services—Blood Tests for Diagnostic Services	100%	$0	$0
Special Medical Formulas Mandated By Law Covered by Medicare			

Medicare Supplement 1 (Medex Bronze) *(continued)*

Medicare (Part B)—Medical Services—Per Calendar Year

**Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Special Medical Formulas Mandated By Law Covered by Medicare			
First $131 of Medicare-approved amounts**	$0	$131 (Part B Deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Not covered by Medicare	$0	All allowed charges	Balance

Medicare (Parts A & B)

**Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care Medicare-approved services			
– Medically necessary skilled care services and medical supplies	100%	$0	$0
– Durable medical equipment			
First $131 of Medicare-approved amounts**	$0	$131 (Part B Deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits—Not Covered By Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel—Not Covered By Medicare Only the services listed above while traveling outside the United States	$0	Remainder of charges (including portion normally paid by Medicare)	$0
Outpatient Prescription Drugs— Not Covered By Medicare	$0	$0	All Costs

Notes:

Member Service Telephone Numbers

Medex Member Service

1-800-258-2226

Medex Sales Consultants

1-800-678-2265

Monday through Friday, 8:30 a.m. to 4:30 p.m.
or visit **www.bluecrossma.com/medicare**.

Telecommunications Device for the Deaf (TDD)
toll-free number is **1-800-522-1254**.
Call Monday through Friday 8:00 a.m. to 6:00 p.m.

® Registered Marks of the Blue Cross and Blue Shield Association. ®′ Registered Mark of Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. © 2007 Blue Cross and Blue Shield of Massachusetts, Inc. Printed at Blue Cross and Blue Shield of Massachusetts, Inc.
#75390M
32-3000 (3/07) 10M