MASSACHUSETTS

Managed Blue for Seniors℠

3 Tier Prescription Drug Coverage

Summary of Benefits

Town of Plymouth

This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance; however, the Commonwealth of Massachusetts has stated that enrollment in Original Medicare (Medicare Part A and Medicare Part B) satisfies these standards.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

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
Outpatient Care	
Routine office visits	$10 per visit
Annual vision examinations	$10 per visit
Allergy care and testing	$10 per visit
Cardiac rehabilitation services	$10 per visit
Chiropractic services	$10 per visit
Immunizations and injections	Nothing
Diagnostic testing	Nothing
X-rays and lab tests	Nothing
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.)	
Inpatient Care	
Semiprivate room and board	Nothing
Physician care	Nothing
Surgical services	Nothing
Medications	Nothing
Emergency Room Services (Within the Service Area)	
Emergency room services for an unforeseen illness or injury. (Copayment is waived if you are admitted to hospital.)	$50 per visit
Emergency Room Services (Outside the Service Area)	
Emergency room services for an unforeseen illness or injury. One medically necessary follow-up visit is also available (copayment applies). (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
Mental Health and Substance Abuse*	
Biologically Based Mental Conditions**	
• Inpatient admissions in a network General or Mental Hospital	Nothing
• Outpatient visits (No limit)	$10 per visit
Non-Biologically Based Mental Conditions	
• Inpatient admissions in a network General Hospital	Nothing
• Inpatient admissions in a network Mental Hospital or Substance Abuse Facility (after Medicare days end, up to 60 days per calendar year)	Nothing
• Outpatient visits covered by Medicare and up to 24 visits per calendar year	$10 copayment
Prescription Drug Program†	
Retail Prescription Drugs	
Tier 1 drugs (up to a 60-day supply)	$10 copayment
Tier 2 drugs (up to a 60-day supply)	$20 copayment
Tier 3 drugs (up to a 60-day supply)	$35 copayment
Mail-Service Prescription Drugs	
Tier 1 drugs (up to a 90-day supply)	$10 copayment
Tier 2 drugs (up to a 90-day supply)	$20 copayment
Tier 3 drugs (up to a 90-day supply)	$35 copayment
Additional Benefits	
Medicare-approved yearly gynecological examinations	$10 per visit
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)	Nothing
Rehabilitation hospital (365 days in a lifetime, after Medicare days end)	Nothing
Medicare-approved home health care as requested by a Managed Blue for Seniors physician	Nothing
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.

** Treatment of rape-related mental or emotional disorders for victims of an assault with intent to rape is covered to the same extent as biologically based conditions.

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

Medicare Covered Preventive Services

Medicare provides coverage for certain preventive services at no cost to members, for example, yearly wellness visit, flu shots, mammography, Pap test, and PSA tests. For the current list of covered preventive services, please refer to your Medicare & You handbook or go to www.medicare.gov.

Get the Most from Your Plan.

Visit us at **www.bluecrossma.com/membercentral** or call **1-800-782-3675** to learn about discounts, savings, resources, and special programs like those listed below that are available to you.

A Fitness Benefit toward membership at a health club (see your plan description for details)	$150 per year, per individual
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	$150 per year, per individual
Blue Care Line℠—A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No charge

Questions?

Call **1-800-782-3675.**

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at **www.bluecrossma.com.**

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?
Go to www.bluecrossma.com/email to sign up.

Limitations and 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. 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.

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