MASSACHUSETTS

Medex®

Medex® 3 Plan 2014–Summary of Benefits

with 3-Tier Prescription Drug Coverage: $10/$20/$35

This Medex plan provides benefits for the:

- Medicare Part A Deductible and Coinsurances
- Medicare Part B Deductible and Coinsurance
- Prescription Drugs
- OBRA 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 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†	• Coverage for days 1–60 per benefit period after $1,216 inpatient deductible • Coverage for days 61–90 after $304 daily coinsurance • Coverage for an additional 60 lifetime reserve days after $608 daily coinsurance	After a $50 inpatient calendar-quarter copayment: • Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • 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 $147 annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Skilled nursing facility—participating with Medicare*	• Full coverage for days 1–20 • Coverage for days 21–100 after daily $152 coinsurance	• Full coverage of Medicare daily coinsurance 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
Outpatient Care		
Emergency room visits for emergency, accident, and medical care	80% of approved charges after $147 annual Part B deductible	Full coverage after member pays $25 per visit
Medical care in an office, clinic, or home setting	80% of approved charges after $147 annual Part B deductible	Full coverage after member pays $20 per visit
Surgery, radiation therapy, X-ray and lab tests, durable medical equipment, and cardiac rehabilitation services	80% of approved charges after $147 annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Blood glucose monitors and materials to test for the presence of blood sugar	80% of approved charges after $147 annual Part B deductible for all diabetics	Full coverage of Medicare deductible and coinsurance
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
Chiropractor services	80% of approved charges after $147 annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray	• Full coverage after member pays $20 per visit for Medicare-approved charges only • 20% of the approved charges for services not covered by Medicare
Short-term rehabilitation		
Physical therapy, speech-pathology, and occupational therapy		
Outpatient hospital or emergency room	80% of approved charges after $147 annual Part B deductible	Full coverage after member pays $20 per visit
Professional provider outpatient services approved by Medicare	80% of approved charges after $147 annual Part B deductible	Full coverage after member pays $20 per visit

Your Medical Benefits

	Medicare Provides	Medex Provides
Mental Health and Substance Abuse Treatment		
Biologically based mental conditions**		
Inpatient admissions in a general or mental hospital	• Coverage for days 1–60 per benefit period after $1,216 inpatient deductible • Coverage for days 61–90 after $304 daily coinsurance • Coverage for an additional 60 lifetime reserve days after $608 daily coinsurance • Coverage for mental hospital admissions is limited to 190 days per lifetime	After a $50 inpatient calendar-quarter copayment***: • Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to 365 additional hospital days in your lifetime, when Medicare benefits are used up††
Outpatient visits	Full coverage after $147 annual Part B deductible and the Part B coinsurance	• When covered by Medicare, full coverage after member pays $20 per visit with no visit maximum • When visits are not covered by Medicare, full coverage after member pays $20 with no visit maximum
Non-biologically based mental conditions		
Inpatient admissions in a general hospital	• Coverage for days 1–60 per benefit period after $1,216 inpatient deductible • Coverage for days 61–90 after $304 daily coinsurance • Coverage for an additional 60 lifetime reserve days after $608 daily coinsurance	After a $50 inpatient calendar-quarter copayment: • Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • 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	• Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • When Medicare benefits 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 $147 annual Part B deductible and the Part B coinsurance	• When covered by Medicare, full coverage after member pays $20 per visit with no visit maximum • When not covered by Medicare, full coverage after member pays $20 per visit up to 24 visits per calendar year

† 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.

†† The additional days 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.

** 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.

*** The inpatient calendar-quarter copayment does not apply to admissions in a mental hospital.

	Medicare Benefits	Medex Provides
Prescription Drugs		
At a designated retail pharmacy (up to a 30-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.	Full coverage after a: • $10 copayment for Tier 1 • $20 copayment for Tier 2 • $35 copayment for Tier 3
Through the designated mail-service pharmacy (up to a 90-day supply for each prescription or refill)	No benefits	Full coverage after a: • $10 copayment for Tier 1 • $20 copayment for Tier 2 • $35 copayment for Tier 3

Preventive Services Approved by Medicare and Medex

Medicare provides coverage for certain preventive services at no cost to members. For the current list of covered preventive services, please refer to your Medicare & You handbook or go to **www.medicare.gov**. Some preventive covered services are highlighted below.

- One routine fecal-occult blood test every year for members age 50 or older (Full coverage for tests)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage for tests)
- One routine colonoscopy every two years for a high-risk member (Full coverage for tests)
- Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage for tests)
- Routine prostate cancer screening for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage for exam if doctor accepts assignment, full coverage for PSA test)
- One routine gynecological exam every two years (Full coverage for exam if doctor accepts assignment)
- One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage for exam if doctor accepts assignment)
- 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 for screening)
- One routine Pap smear test per calendar year (Full coverage for test)

Important Information

- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.
- The Medicare inpatient deductible and coinsurance amounts are subject to change January 1 of each year. The deductibles and coinsurance amounts listed here are for the year 2014.
- 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.

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.**

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. 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.

Important Information About Your Prescription Pharmacy Program

Why Do I Pay Different Amounts for Different Medications?

Medications are placed on different tiers based on a variety of factors, including what they are used for, their cost, and whether an equivalent or alternative medication is available. The level or tier that your medication is on determines your cost share.

What Is Cost Share?

When you fill a prescription, the amount you pay to the pharmacy is called your cost share. Your cost share may include your copayment, coinsurance, deductibles, and maximums. Generally, you pay the lowest amount of cost share for a Tier 1 medication and the highest amount for a Tier 3 medication. The pharmacy will inform you of your cost share for each prescription.

For more information about your specific prescription benefits, please review the information in the chart on the previous page or call the Member Service number on the front of your ID card, Monday through Friday, 8:00 a.m. to 6:00 p.m.

What Is Quality Care Dosing?

Quality Care Dosing is a pharmacy management program whose goal is medication safety and affordability. The Quality Care Dosing program helps to ensure that the quantity and dose of medications you receive complies with U.S. Food and Drug Administration (FDA) recommendations, as well as manufacturer and clinical information.

As part of this program, when you fill a prescription, the dosage is verified electronically in two ways:

- Dose Consolidation—Checks to see whether you're taking two or more pills a day, and whether that dosage can be replaced with one pill providing the same daily dosage.
- Recommended Monthly Dosing Level—Checks to see that your monthly dosage is consistent with the manufacturer's and FDA's monthly dosing recommendations and clinical information.

For the most up-to-date list of medications in the Quality Care Dosing program along with associated dosing limits, please visit our website at **www.bluecrossma.com/pharmacy** and click on Pharmacy Management Program, then select Quality Care Dosing.

Why Do Some Medications Require Prior Authorization?

Prior Authorization is another pharmacy management program that has a goal of ensuring safety and affordability. As part of this program, your doctor is required to obtain prior authorization before prescribing specific medications. This process ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

For the most up-to-date list of medications that require prior authorization, please visit our website at **www.bluecrossma.com/pharmacy** and click on Pharmacy Management Program, then select Prior Authorization.

What Is Step Therapy?

Step therapy is a pharmacy management program that also has a goal of safety and affordability for members. Step therapy is a key part of our prior authorization program that allows us to help your doctor provide you with an appropriate and affordable medication treatment. Before coverage is allowed for certain costly second-step medications, we require that you first try an effective, but less expensive first-step medication. Some medications may have multiple steps, and sometimes it's best to start with the first step.
For the most up-to-date list of medications that require step therapy, please visit our website at **www.bluecrossma.com/pharmacy** and click on Pharmacy Management Program, then select Step Therapy.

Why Aren't All Medications Covered?

Your prescription pharmacy program provides coverage for over 2,000 prescription medications. Most medications that are not covered and are on our non-covered list have equally safe, effective, and covered alternatives for treating the same medical conditions. Check with your doctor about appropriate alternatives if you currently take any non-covered medications.

For the most up-to-date list of medications that are not covered along with their covered alternatives, please visit our website at **www.bluecrossma.com/pharmacy** and click on Medication Look Up, then select Medications that are not Covered.

Please note: Your doctor can request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition. In such cases, please ask your doctor to contact Blue Cross Blue Shield of Massachusetts.

What Are the Benefits of Using the Mail Service Pharmacy?

If you take a medication on an ongoing basis, such as one to lower cholesterol or treat high blood pressure, you'll find that our mail service pharmacy:

- Is a fast, convenient way to get your medications
- Can save you money
- Gives you a 90-day supply of your medication for less than you'd pay at a retail pharmacy
- Sends the prescription to your home

Express Scripts®˝ administers our mail service pharmacy. If you're already using another mail service pharmacy, your remaining refills will be transferred automatically to the Express Scripts pharmacy.

Note: Your prescription pharmacy program limits your prescriptions to a 30-day supply from a designated retail pharmacy for each prescription, unless you are using Express Scripts for a 90-day supply of an approved ongoing medication.

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