MASSACHUSETTS | Medex®

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

The chart on the following page shows the benefits included in each Medicare Supplement Insurance 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.

Medicare Supplement Core Medex Core	Medicare Supplement 1 Medex Bronze	Medicare Supplement Choice Medex Choice
STANDARD BENEFITS **Basic Benefits**		
Hospitalization For biologically based mental disorders, stays in a licensed mental hospital, less Part A deductibles; for other mental disorders: stays in a licensed mental hospital for at least 60 days per calendar year less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders, less Part A deductibles.	**Hospitalization** For biologically based mental disorders, stays in a licensed mental hospital; for other mental disorders: stays in a licensed mental hospital for a minimum of 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders.	**Hospitalization** For biologically based mental disorders, stays in a licensed mental hospital, less Part A deductibles; for other mental disorders: stays in a licensed mental hospital for at least 60 days per calendar year less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders, less Part A deductibles.
	Skilled nursing co-insurance	
	Part A deductible	
	Part B deductible	
Foreign travel	Foreign travel	
ADDITIONAL BENEFITS		
Fitness program	Fitness program	Fitness program
Weight loss program	Weight loss program	Weight loss program
		Part A deductible—100% coverage when you select a Choice PCP
		Part B deductible—100% coverage when you select a Choice PCP
		Skilled Nursing Facility—Coverage for days 21–100 when you select a Choice PCP
RATES Effective 1/1/17		
Billed monthly: $93.61	Billed monthly: $183.10	Billed monthly: $136.69
Billed quarterly: $280.35	Billed quarterly: $548.34	Billed quarterly: $408.63

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)
Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
Medicare Supplement Choice—Medex Choice
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 Blue Shield of Massachusetts, can only raise your premium if we raise the premium for all policies like yours in Massachusetts, and 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.

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 Medicare Supplement Outline of Coverage (continued)

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 **(781) 867-8200**.

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 that are not answered in this brochure, read your policy. If you still have questions, call one of the Member 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.

The Benefits-to-Premium Ratio for Medex Bronze Is 93.4%.

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 $93.40 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 93.4%.

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 $93.40 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 Choice Is 93.4%.

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 $93.40 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%. A higher ratio is to your advantage, as long as it allows the company reasonable return so that the product remains available.

Massachusetts Medicare Supplement Outline of Coverage (continued)

Complaints

If you have a complaint, call Medex Member Service at 1-800-258-2226. If you are not satisfied, you may write to The Massachusetts Division of Insurance, 1000 Washington Street, Suite 810, Boston, Massachusetts 02118-6200 or call (617) 521-7777 (Boston).

Grievance Program

As a Medex member, you have the right to a review when you disagree with a decision made by Blue Cross Blue Shield of Massachusetts to deny payment for services that may be eligible for benefits under Medex or if you have a complaint about the care or service that you received from Blue Cross Blue Shield of Massachusetts or from a provider.

Medex Inquiries or Claim Problems

Most Medex problems or concerns can be handled with just one phone call. For help to resolve a Medex problem or concern, you should first call the Blue Cross Blue Shield of Massachusetts customer service office at **1-800-258-2226**, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET. The TTY toll-free number is **711**. A customer service representative will work with you. They will help you understand your Medex coverage. Or, they will work with you to resolve your Medex problem or concern. They will do this as quickly as possible.

If after speaking with a Blue Cross Blue Shield of Massachusetts customer service representative, you still disagree with a decision that is given to you, you may request a review through the Blue Cross Blue Shield of Massachusetts internal formal grievance program.

Internal Formal Grievance Review

How to Request a Grievance Review: To request a formal review from the Blue Cross Blue Shield of Massachusetts internal Member Grievance Program, you (or your authorized representative) have three options.

- **Write or Fax:** The preferred option is for you to send your grievance in writing to: **Member Grievance Program, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126**. Or, you may fax your grievance to **1-617-246-3616**. Blue Cross Blue Shield will let you know that your request was received by sending you a written confirmation within 15 calendar days.
- **Email:** Or, you may send your grievance to the Blue Cross Blue Shield Member Grievance Program internet address **grievances@bcbsma.com**. Blue Cross Blue Shield of Massachusetts will let you know that your request was received by sending you a confirmation immediately by e-mail.
- **Telephone:** Or, you may call the Blue Cross Blue Shield of Massachusetts Member Grievance Program at **1-800-472-2689**. When your request is made by phone, Blue Cross Blue Shield of Massachusetts will send you a written account of the grievance within 48 hours of your phone call.

Once your request is received, Blue Cross Blue Shield of Massachusetts will research the case in detail. They will ask for more information if it is needed. Blue Cross Blue Shield of Massachusetts will let you know in writing of the decision or the outcome of the review.

Note: Medicare has its own policies and procedures for handling appeals and grievances. If you do not agree with a decision by Medicare on the amount that Medicare has paid on a claim or whether the services you received are covered by Medicare, you have the right to appeal the decision. The steps you should take to appeal the decision are explained in your Medicare handbook. You may also look on the Medicare website at **www.medicare.gov** for more detailed information about the Medicare appeals process.

Medicare Supplement Core (Medex Core)

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

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate 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 $1,316	$0	$1,316 (Part A deductible)
61st through 90th day of a benefit period	All but $329 a day	$329 a day	$0
91st day and after of a benefit period			
– While using 60 lifetime reserve days	All but $658 a day	$658 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 $1,316	$1,316 (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

*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.

Medicare Supplement Core (Medex Core) (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
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 $1,316	$1,316 (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
Skilled Nursing Facility Care* **(Participating with Medicare)** You must meet Medicare's requirements, including having been in a hospital for at least three 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 $164.50 a day	$0	Up to $164.50 a day
101st day and after of a benefit period	$0	$0	All Costs
Blood			
First three pints	$0	Three 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

*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.

Medicare Supplement Core (Medex Core) (continued)

Medicare (Part B)—Medical Services—Per 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 $183 of Medicare-approved amounts	$0	$0	$183 (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 $183 of Medicare-approved amounts**	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$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 $183 of Medicare-approved amounts**	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$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 $183 of Medicare-approved amounts**	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

**Once you have been billed $183 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.

Medicare Supplement Core (Medex Core) (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
Clinical Laboratory Services			
Blood tests for diagnostic services	100%	$0	$0
Special Medical Formulas Mandated by Law			
Covered by Medicare			
First $183 of Medicare-approved amounts**	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Not covered by Medicare	$0	All allowed charges	Balance

Medicare (Parts A & B)

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 $183 of Medicare-approved amounts**	$0	$0	$183 (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
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
Fitness Program—Not Covered by Medicare	$0	$150 per calendar year	All charges after $150
Weight-Loss Program—Not Covered by Medicare	$0	$150 per calendar year	All charges after $150

**Once you have been billed $183 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.

Medicare Supplement 1 (Medex Bronze)

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

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate 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 $1,316	$1,316 (Part A deductible)	$0
61st through 90th day of a benefit period	All but $329 a day	$329 a day	$0
91st day and after of a benefit period			
– While using 60 lifetime reserve days	All but $658 a day	$658 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

*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.

Medicare Supplement 1 (Medex Bronze) (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
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
Skilled Nursing Facility Care* **(Participating with Medicare)** You must meet Medicare's requirements, including having been in a hospital for at least three 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 $164.50 a day	Up to $164.50 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 three 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

*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.

Medicare Supplement 1 (Medex Bronze) (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
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

*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.

Medicare (Part B)—Medical Services—Per 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 $183 of Medicare-approved amounts**	$0	$183 (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 $183 of Medicare-approved amounts**	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for biologically based mental disorders (for services not covered by Medicare)	$0	100% of expenses	$0

**Once you have been billed $183 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.

Medicare Supplement 1 (Medex Bronze) (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First $183 of Medicare-approved amounts**	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$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 $183 of Medicare-approved amounts**	$0	$183 (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			
First $183 of Medicare-approved amounts**	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Not covered by Medicare	$0	All allowed charges	Balance

**Once you have been billed $183 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.

Medicare Supplement 1 (Medex Bronze) (continued)

Medicare (Parts A & B)

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 $183 of Medicare-approved amounts**	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

**Once you have been billed $183 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.

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
Fitness Program—Not Covered by Medicare	$0	$150 per calendar year	All charges after $150
Weight Loss Program—Not Covered by Medicare	$0	$150 per calendar year	All charges after $150

Medicare Supplement Choice (Medex Choice)

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

Services	Medicare Pays	Plan Pays		You Pay	
Hospitalization* Semiprivate 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		With Choice PCP	With Other PCP	With Choice PCP	With Other PCP
First 60 days of a benefit period	All but $1,316	$1,316	$0	$0	$1,316 (Part A Deductible)
61st through 90th day of a benefit period	All but $329 a day	$329 a day		$0	$0
91st day and after of a benefit period					
– While using 60 lifetime reserve days	All but $658 a day	$658 a day		$0	$0
– Once lifetime reserve days are used:					
• Additional 365 days	$0	100% of Medicare eligible expenses		$0	$0
• Beyond the additional 365 days	$0	$0	$0	All Costs	All Costs
Licensed mental hospital stays not covered by Medicare for biologically based mental disorders					
First 60 days of a benefit period	$0	100% of Medicare eligible expenses	All but $1,316	$0	$1,316 (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	

*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.

Medicare Supplement Choice (Medex Choice) (continued)

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

Services	Medicare Pays	Plan Pays		You Pay	
Licensed mental hospital stays not covered by Medicare for other mental disorders		With Choice PCP		With Choice PCP	
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	
Licensed mental hospital stays not covered by Medicare for other mental disorders		With Other PCP		With Other PCP	
First 60 days per calendar year less days covered by Medicare or plan in that calendar year	$0	All but $1,316		$1,316 (Part A deductible)	
61st day and after 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	
Skilled Nursing Facility Care* **(Participating with Medicare)** You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after having left the hospital		With Choice PCP	With Other PCP	With Choice PCP	With Other PCP
First 20 days of a benefit period	All approved amounts	$0	$0	$0	$0
21st through 100th day of a benefit period	All but $164.50 a day	$164.50 per day	$0	$0	Up to $164.50 a day
101st day and after of a benefit period	$0	$10 a day	$0	Balance	All Costs
Beyond the 365th day of a benefit period	$0	$0	$0	All Costs	All Costs

*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.

Medicare Supplement Choice (Medex Choice) (continued)

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

Services	Medicare Pays	Plan Pays		You Pay	
(Not participating with Medicare) You must meet Medicare's requirements, including having been in a hospital for at least three days and transferred to the facility within 30 days after having left the hospital		With Choice PCP	With Other PCP	With Choice PCP	With Other PCP
1st day through 365th day of a benefit period	$0	$8 a day	$0	Balance	All Costs
Beyond the 365th day of a benefit period	$0	$0	$0	All costs	All Costs
Blood					
First three pints	$0	Three 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 Choice (Medex Choice) (continued)

Medicare (Part B)—Medical Services—Per 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		With Choice PCP	With Other PCP	With Choice PCP	With Other PCP
First $183 of Medicare-approved amounts	$0	$183	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%		$0	$0
Outpatient treatment for biologically based mental disorders (for services covered by Medicare)					
First $183 of Medicare-approved amounts**	$0	$183	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	20%	$0	$0
Outpatient treatment for biologically based mental disorders (for services not covered by Medicare)	$0	100% of expenses		$0	$0
Outpatient treatment for other mental health disorders (for services covered by Medicare)					
First $183 of Medicare-approved amounts**	$0	$183	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	20%	$0	$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)					
First 24 visits per calendar year	$0	100%	100%	$0	$0
Visits 25 and after	$0	$0		All Costs	All Costs
Blood					
First 3 pints	$0	All Costs	All Costs	$0	$0
Next $183 of Medicare-approved amounts**	$0	$183	$0	$0	$183
Remainder of Medicare-approved amounts	80%	20%	20%	$0	$0

**Once you have been billed $183 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.

Medicare Supplement Choice (Medex Choice) (continued)

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

Services	Medicare Pays	Plan Pays		You Pay	
Clinical Laboratory Services		With Choice PCP	With Other PCP	With Choice PCP	With Other PCP
Blood tests for diagnostic services	100%	$0	$0	$0	$0
Special Medical Formulas Mandated by Law					
Covered by Medicare					
First $183 of Medicare-approved amounts**	$0	$183	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	20%	$0	$0
Not covered by Medicare	$0	All allowed charges		Balance	

Medicare (Parts A & B)

Services	Medicare Pays	Plan Pays		You Pay	
Home Health Care—Medicare-Approved Services		With Choice PCP	With Other PCP	With Choice PCP	With Other PCP
Medically necessary skilled care services and medical supplies	100%	$0	$0	$0	$0
Durable medical equipment					
First $183 of Medicare-approved amounts**	$0	$183	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	20%	$0	$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
Fitness Program—Not Covered by Medicare	$0	$150 per calendar year	All charges after $150
Weight Loss Program—Not Covered by Medicare	$0	$150 per calendar year	All charges after $150

**Once you have been billed $183 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.

Member Service Telephone Numbers

Medex Member Service

1-800-258-2226

Call Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

Medex Sales Consultants

1-800-678-2265

Call Monday through Friday, 8:00 a.m. to 6:00 p.m. ET,
or visit **www.bluecrossma.com/medicare**.

TTY toll-free number is **711**.
Call Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-258-2226** (TTY: **711**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-258-2226** (TTY: **711**).

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