



MASSACHUSETTS

2015 Summary of Benefits

H2230



Medicare PPO BlueSM SaverRx (PPO)
Medicare PPO BlueSM ValueRx (PPO)
Medicare PPO BlueSM PlusRx (PPO)

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

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Section I

Introduction to Summary of Benefits

January 1, 2015 - December 31, 2015

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Medicare PPO Blue SaverRx (PPO)**, **Medicare PPO Blue ValueRx (PPO)**, or **Medicare PPO Blue PlusRx (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Medicare PPO Blue SaverRx (PPO)**, **Medicare PPO Blue ValueRx (PPO)**, and **Medicare PPO Blue PlusRx (PPO)** cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Sections in this booklet

- Things to Know About **Medicare PPO Blue SaverRx (PPO)**, **Medicare PPO Blue ValueRx (PPO)**, and **Medicare PPO Blue PlusRx (PPO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-800-200-4255** (TTY/TDD **1-800-522-1254**).

Things to Know About Medicare PPO Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Medicare PPO Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO) Phone Numbers and Website

- If you are a member of one of these plans, call toll-free **1-800-200-4255** (TTY/TDD **1-800-522-1254**).
- If you are not a member of one of these plans, call toll-free **1-800-678-2265** (TTY/TDD **1-800-522-1254**).
- Our website: <http://www.bluecrossma.com/medicare>

Who can join?

To join **Medicare PPO Blue SaverRx (PPO)**, **Medicare PPO Blue ValueRx (PPO)**, or **Medicare PPO Blue PlusRx (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Massachusetts: Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester.

Which doctors, hospitals, and pharmacies can I use?

Medicare PPO Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO) have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plans' provider directory at our website (<http://www.bcbsma.com>).

You can see our plans' pharmacy directory at our website (www.bluecrossma.com/pharmacyfinder).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plans than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.bluecrossma.com/formularies/medicare.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plans group each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about these plans' benefits or costs, please contact Blue Cross Blue Shield of Massachusetts for details.

Section II

Summary of Benefits

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services			
How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.	\$49 per month. In addition, you must keep paying your Medicare Part B premium.	\$153 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	\$320 per year for Part D prescription drugs.	\$320 per year for Part D prescription drugs.	\$200 per year for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for -services you receive from in-network providers. • \$6,700 for services you receive from any provider. <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$3,400 for services you receive from in-network providers. • \$3,400 for services you receive from any provider. <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$3,400 for services you receive from in-network providers. • \$5,100 for services you receive from any provider. <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services			
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
Blue Cross Blue Shield of Massachusetts is an HMO and PPO Plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.			

Medicare PPO
Blue SaverRx (PPO)

Medicare PPO
Blue ValueRx (PPO)

Medicare PPO
Blue PlusRx (PPO)

Covered Medical and Hospital Benefits

Note: • Services with a ¹ may require prior authorization.
• Services with a ² may require a referral from your doctor.

Outpatient Care and Services

Acupuncture and Other Alternative Therapies	Not covered	Not covered	Not covered
Ambulance¹	<ul style="list-style-type: none"> • In-network: \$0–250 copay, depending on the service • Out-of-network: \$0–250 copay, depending on the service <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>Authorization rules may apply.</p>	<ul style="list-style-type: none"> • In-network: \$0–100 copay, depending on the service • Out-of-network: \$0–100 copay, depending on the service <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>Authorization rules may apply.</p>	<ul style="list-style-type: none"> • In-network: \$0–100 copay, depending on the service • Out-of-network: \$0–100 copay, depending on the service <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>Authorization rules may apply.</p>
Chiropractic Care	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$20 copay 	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$20 copay 	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$45 copay

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <ul style="list-style-type: none"> • In-network: \$45 copay • Out-of-network: \$45 copay <p>A single office visit that includes:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months) • Dental x-ray(s) (for up to 1 every six months) • Oral exam (for up to 1 every six months) <ul style="list-style-type: none"> – In-network: \$45 copay – Out-of-network: \$45 copay 	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>A single office visit that includes:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months) • Dental x-ray(s) (for up to 1 every six months) • Oral exam (for up to 1 every six months) <ul style="list-style-type: none"> – In-network: \$40 copay – Out-of-network: \$40 copay 	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <ul style="list-style-type: none"> • In-network: \$35 copay • Out-of-network: \$45 copay or 20% of the cost, depending on the service <p>A single office visit that includes:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months) • Dental x-ray(s) (for up to 1 every six months) • Oral exam (for up to 1 every six months) <ul style="list-style-type: none"> – In-network: \$35 copay – Out-of-network: \$45 copay
Diabetes Supplies and Services	<p>Diabetes monitoring supplies:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Diabetes self-management training:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing 	<p>Diabetes monitoring supplies:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Diabetes self-management training:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing 	<p>Diabetes monitoring supplies:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost <p>Diabetes self-management training:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost <p>Therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Diagnostic Tests, Lab and Radiology Services, and X-Rays	<p>Diagnostic radiology services (such as MRIs, CT scans):</p> <ul style="list-style-type: none"> • In-network: \$300 copay • Out-of-network: \$300 copay <p>Diagnostic tests and procedures:</p> <ul style="list-style-type: none"> • In-network: \$25 copay • Out-of-network: \$25 copay <p>Lab services:</p> <ul style="list-style-type: none"> • In-network: \$25 copay • Out-of-network: \$25 copay <p>Outpatient x-rays:</p> <ul style="list-style-type: none"> • In-network: \$30 copay • Out-of-network: \$30 copay <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <ul style="list-style-type: none"> • In-network: \$60 copay • Out-of-network: \$60 copay 	<p>Diagnostic radiology services (such as MRIs, CT scans):</p> <ul style="list-style-type: none"> • In-network: \$150 copay • Out-of-network: \$150 copay <p>Diagnostic tests and procedures:</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$20 copay <p>Lab services:</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$20 copay <p>Outpatient x-rays:</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$20 copay <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing 	<p>Diagnostic radiology services (such as MRIs, CT scans):</p> <ul style="list-style-type: none"> • In-network: \$150 copay • Out-of-network: 40% of the cost <p>Diagnostic tests and procedures:</p> <ul style="list-style-type: none"> • In-network: \$10 copay • Out-of-network: 20% of the cost <p>Lab services:</p> <ul style="list-style-type: none"> • In-network: \$10 copay • Out-of-network: 20% of the cost <p>Outpatient x-rays:</p> <ul style="list-style-type: none"> • In-network: \$10 copay • Out-of-network: 20% of the cost <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost
Doctor's Office Visits¹	<p>Primary care physician visit:</p> <ul style="list-style-type: none"> • In-network: \$25 copay • Out-of-network: \$25 copay <p>Specialist visit:</p> <ul style="list-style-type: none"> • In-network: \$45 copay • Out-of-network: \$45 copay <p>Authorization rules may apply.</p>	<p>Primary care physician visit:</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$20 copay <p>Specialist visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Authorization rules may apply.</p>	<p>Primary care physician visit:</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: \$45 copay <p>Specialist visit:</p> <ul style="list-style-type: none"> • In-network: \$35 copay • Out-of-network: \$45 copay <p>Authorization rules may apply.</p>

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)¹</i>	<ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost Authorization rules may apply.	<ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost Authorization rules may apply.	<ul style="list-style-type: none"> • In-network: 10% of the cost • Out-of-network: 20% of the cost Authorization rules may apply.
Emergency Care	\$0-65 copay, depending on the service If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$0-65 copay, depending on the service If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$0-65 copay, depending on the service If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.
Foot Care <i>(podiatry services)</i>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: <ul style="list-style-type: none"> • In-network: \$25–45 copay, depending on the service • Out-of-network: \$25–45 copay, depending on the service 	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: <ul style="list-style-type: none"> • In-network: \$20–40 copay, depending on the service • Out-of-network: \$20–40 copay, depending on the service 	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: <ul style="list-style-type: none"> • In-network: \$15–35 copay, depending on the service • Out-of-network: \$45 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: <ul style="list-style-type: none"> • In-network: \$25–45 copay, depending on the service • Out-of-network: \$25–45 copay, depending on the service 	Exam to diagnose and treat hearing and balance issues: <ul style="list-style-type: none"> • In-network: \$20–40 copay, depending on the service • Out-of-network: \$20–40 copay, depending on the service Routine hearing exam (for up to 1 every year): <ul style="list-style-type: none"> • In-network: \$20–40 copay, depending on the service • Out-of-network: \$20–40 copay, depending on the service 	Exam to diagnose and treat hearing and balance issues: <ul style="list-style-type: none"> • In-network: \$15–35 copay, depending on the service • Out-of-network: \$45 copay Routine hearing exam (for up to 1 every year): <ul style="list-style-type: none"> • In-network: \$15–35 copay, depending on the service • Out-of-network: \$45 copay Hearing aid: <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing Our plan pays up to \$400 every three years for hearing aids from any provider.

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Home Health Care	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing 	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing 	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost
Mental Health Care¹	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> – \$275 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 – You pay nothing per day for days 91 and beyond • Out-of-network: <ul style="list-style-type: none"> – \$275 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Authorization rules may apply.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> – \$200 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 – You pay nothing per day for days 91 and beyond • Out-of-network: <ul style="list-style-type: none"> – \$200 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Authorization rules may apply.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> – \$150 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 – You pay nothing per day for days 91 and beyond • Out-of-network: <ul style="list-style-type: none"> – 20% of the cost per stay <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$35 copay • Out-of-network: 20% of the cost <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$35 copay • Out-of-network: 20% of the cost <p>Authorization rules may apply.</p>

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Outpatient Rehabilitation	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <ul style="list-style-type: none"> • In-network: \$45 copay • Out-of-network: \$45 copay <p>Occupational therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Physical therapy and speech and language therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay 	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$20 copay <p>Occupational therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$20 copay <p>Physical therapy and speech and language therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$20 copay 	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost <p>Occupational therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost <p>Physical therapy and speech and language therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost
Outpatient Substance Abuse¹	<p>Group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Authorization rules may apply.</p>	<p>Group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Authorization rules may apply.</p>	<p>Group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$35 copay • Out-of-network: 20% of the cost <p>Individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$35 copay • Out-of-network: 20% of the cost <p>Authorization rules may apply.</p>
Outpatient Surgery¹	<p>Ambulatory surgical center:</p> <ul style="list-style-type: none"> • In-network: \$300 copay • Out-of-network: \$300 copay <p>Outpatient hospital:</p> <ul style="list-style-type: none"> • In-network: \$300 copay • Out-of-network: \$300 copay <p>Authorization rules may apply.</p>	<p>Ambulatory surgical center:</p> <ul style="list-style-type: none"> • In-network: \$200 copay • Out-of-network: \$200 copay <p>Outpatient hospital:</p> <ul style="list-style-type: none"> • In-network: \$200 copay • Out-of-network: \$200 copay <p>Authorization rules may apply.</p>	<p>Ambulatory surgical center:</p> <ul style="list-style-type: none"> • In-network: \$150 copay • Out-of-network: 20% of the cost <p>Outpatient hospital:</p> <ul style="list-style-type: none"> • In-network: \$150 copay • Out-of-network: 20% of the cost <p>Authorization rules may apply.</p>

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Over-the-Counter Items	Not Covered	Not Covered	Not Covered
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic devices: <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost Related medical supplies: <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost 	Prosthetic devices: <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost Related medical supplies: <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost 	Prosthetic devices: <ul style="list-style-type: none"> • In-network: 10% of the cost • Out-of-network: 20% of the cost Related medical supplies: <ul style="list-style-type: none"> • In-network: 10% of the cost • Out-of-network: 20% of the cost
Renal Dialysis	<ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost 	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing 	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 0-20% of the cost, depending on the service
Transportation	Not Covered	Not Covered	Not Covered
Urgent Care	\$25–45 copay, depending on the service	\$20–40 copay, depending on the service	\$15–35 copay, depending on the service <ul style="list-style-type: none"> • Out-of-network: \$45 copay

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</p> <ul style="list-style-type: none"> • In-network: \$0–45 copay, depending on the service • Out-of-network: \$0–45 copay, depending on the service <p>Eyeglasses or contact lenses after cataract surgery:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing 	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</p> <ul style="list-style-type: none"> • In-network: \$0–40 copay, depending on the service • Out-of-network: \$0–40 copay, depending on the service <p>Routine eye exam (for up to 1 every year):</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$40 copay <p>Contact lenses:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Eyeglasses (frames and lenses):</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Eyeglass frames:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Eyeglass lenses:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Eyeglasses or contact lenses after cataract surgery:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Our plan pays up to \$150 every two years for eyewear from any provider.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</p> <ul style="list-style-type: none"> • In-network: \$0–35 copay, depending on the service • Out-of-network: \$45 copay <p>Routine eye exam (for up to 1 every year):</p> <ul style="list-style-type: none"> • In-network: \$35 copay • Out-of-network: \$45 copay <p>Contact lenses:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Eyeglasses (frames and lenses):</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Eyeglass frames:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Eyeglass lenses:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Eyeglasses or contact lenses after cataract surgery:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Our plan pays up to \$150 every two years for eyewear from any provider.</p>

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Preventive Care	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit 	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit 	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: \$45 copay or 20% of the cost, depending on the service <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Preventive Care (cont.)	Any additional preventive services approved by Medicare during the contract year will be covered.	Any additional preventive services approved by Medicare during the contract year will be covered.	Any additional preventive services approved by Medicare during the contract year will be covered.
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
Inpatient Care			
Inpatient Hospital Care¹	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> – \$325 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 – You pay nothing per day for days 91 and beyond • Out-of-network: <ul style="list-style-type: none"> – \$325 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 <p>Authorization rules may apply.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> – \$200 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 – You pay nothing per day for days 91 and beyond • Out-of-network: <ul style="list-style-type: none"> – \$200 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 <p>Authorization rules may apply.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> – \$150 copay per day for days 1 through 5 – You pay nothing per day for days 6 through 90 – You pay nothing per day for days 91 and beyond • Out-of-network: <ul style="list-style-type: none"> – 20% of the cost per stay <p>Authorization rules may apply.</p>
Inpatient Mental Health Care	For inpatient mental health care, see the “Mental Health Care” section of this booklet.	For inpatient mental health care, see the “Mental Health Care” section of this booklet.	For inpatient mental health care, see the “Mental Health Care” section of this booklet.

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Covered Medical and Hospital Benefits			
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> – You pay nothing per day for days 1 through 20 – \$152 copay per day for days 21 through 44 – You pay nothing per day for days 45 through 100 • Out-of-network: <ul style="list-style-type: none"> – You pay nothing per day for days 1 through 20 – \$152 copay per day for days 21 through 44 – You pay nothing per day for days 45 through 100 <p>Authorization rules may apply.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> – \$40 copay per day for days 1 through 20 – \$100 copay per day for days 21 through 44 – You pay nothing per day for days 45 through 100 • Out-of-network: <ul style="list-style-type: none"> – \$40 copay per day for days 1 through 20 – \$100 copay per day for days 21 through 44 – You pay nothing per day for days 45 through 100 <p>Authorization rules may apply.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> – \$40 copay per day for days 1 through 20 – \$100 copay per day for days 21 through 44 – You pay nothing per day for days 45 through 100 • Out-of-network: <ul style="list-style-type: none"> – 20% of the cost per stay <p>Authorization rules may apply.</p>

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Prescription Drug Benefits			
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Other Part B drugs¹:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Authorization rules may apply.</p> <p>The \$320 deductible for Part D prescription drugs applies only to Tiers 3–5.</p>	<p>For Part B drugs such as chemotherapy drugs¹:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Other Part B drugs¹:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Authorization rules may apply.</p> <p>The \$320 deductible for Part D prescription drugs applies only to Tiers 3–5.</p>	<p>For Part B drugs such as chemotherapy drugs¹:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Other Part B drugs¹:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing <p>Authorization rules may apply.</p> <p>The \$200 deductible for Part D prescription drugs applies only to Tiers 3–5.</p>
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

	Medicare PPO Blue SaverRx (PPO)			Medicare PPO Blue ValueRx (PPO)			Medicare PPO Blue PlusRx (PPO)		
Standard Retail Cost-Sharing									
Tier	One-month supply	Two-month supply	Three-month supply	One-month supply	Two-month supply	Three-month supply	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$6 copay	\$12 copay	\$18 copay	\$4 copay	\$8 copay	\$12 copay	\$2 copay	\$4 copay	\$6 copay
Tier 2 (Non-Preferred Generic)	\$12 copay	\$24 copay	\$36 copay	\$8 copay	\$16 copay	\$24 copay	\$6 copay	\$12 copay	\$18 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay	\$45 copay	\$90 copay	\$135 copay	\$45 copay	\$90 copay	\$135 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay	\$95 copay	\$190 copay	\$285 copay	\$95 copay	\$190 copay	\$285 copay
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	25% of the cost	25% of the cost	25% of the cost	25% of the cost	28% of the cost	28% of the cost	28% of the cost
Standard Mail Order Cost-Sharing									
Tier	One-month supply	Two-month supply	Three-month supply	One-month supply	Two-month supply	Three-month supply	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$6 copay	\$6 copay	\$6 copay	\$4 copay	\$4 copay	\$4 copay	\$2 copay	\$2 copay	\$2 copay
Tier 2 (Non-Preferred Generic)	\$12 copay	\$24 copay	\$24 copay	\$8 copay	\$16 copay	\$16 copay	\$6 copay	\$12 copay	\$12 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$90 copay	\$45 copay	\$90 copay	\$90 copay	\$45 copay	\$90 copay	\$90 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$190 copay	\$95 copay	\$190 copay	\$190 copay	\$95 copay	\$190 copay	\$190 copay
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	25% of the cost	25% of the cost	25% of the cost	25% of the cost	28% of the cost	28% of the cost	28% of the cost
	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.			If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.			If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.		

	Medicare PPO Blue SaverRx (PPO)	Medicare PPO Blue ValueRx (PPO)	Medicare PPO Blue PlusRx (PPO)
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.

Additional Information About Medicare PPO Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO)

Take control of your health with our Fitness and Weight Loss Benefits.

What is the Fitness Benefit?

Enroll in a qualified health club or fitness facility and receive up to \$150 per calendar year toward your club membership fees and exercise classes.

What programs qualify?

- Health clubs with a variety of cardiovascular and strength-training exercise equipment, e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers
- Fitness classes available at participating Councils on Aging (COA) facilities

Programs that DO NOT qualify: Martial arts centers; tennis, aerobic, or pool-only facilities; social clubs; and sports teams/leagues. You cannot receive the Fitness Benefit for any aerobic/fitness activity fees paid to a non-qualified health club or fitness center, or for personal training, lessons, coaching, exercise equipment, or clothing.

What is the Weight Loss Benefit?

Enroll in a qualified Weight Watchers® or a hospital-based weight loss program and receive up to \$150 per calendar year toward your program fees. Employer group benefits may vary.

What kinds of programs qualify?

- Traditional Weight Watchers meetings, Weight Watchers At Work program, and hospital-based weight loss programs.

Programs that DO NOT qualify: Individual nutrition counseling sessions, pre-packaged meals, books, videos, scales, or other items and supplies. Weight Watchers Online and Weight Watchers At Home programs.

For more information or help with enrollment,
please call **1-800-678-2265** (TTY/TDD: **1-800-522-1254**),
8:00 a.m. to 8:00 p.m. ET, 7 days a week,
or visit www.bluecrossma.com/medicare.

Blue Cross Blue Shield of Massachusetts is a HMO and PPO Plan with a Medicare contract.
Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.



MASSACHUSETTS