



MASSACHUSETTS

Medex[®]



Medex[®] 3 Plan 2015—Summary of Benefits

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 Amherst



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.

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 [†] | <ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$1,260 inpatient deductible • Coverage for days 61–90 after \$315 daily coinsurance • Coverage for an additional 60 lifetime reserve days after \$630 daily coinsurance | <ul style="list-style-type: none"> • 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* | <ul style="list-style-type: none"> • Full coverage for days 1–20 • Coverage for days 21–100 after daily \$157.50 coinsurance | <ul style="list-style-type: none"> • 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 | | |
| Office visits, accident treatment, sudden and serious medical emergency treatment, surgery, radiation therapy, X-ray and lab tests, podiatrists' services, 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 | <ul style="list-style-type: none"> • Full coverage of Medicare deductible and coinsurance for Medicare-approved charges only • 20% of the approved charges for services not covered by Medicare |
| Shingles vaccine and administration | No benefits | Full coverage based on the allowed charge when these services are furnished by a covered provider during the same visit |
| 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 of Medicare deductible and coinsurance |
| Physical therapy and speech-pathology | | |
| Professional provider outpatient services approved by Medicare | 80% of approved charges after \$147 annual Part B deductible | Full coverage of Medicare deductible and coinsurance |
| Occupational therapy | | |
| Professional provider outpatient services approved by Medicare | 80% of approved charges after \$147 annual Part B deductible | Full coverage of Medicare deductible and coinsurance |

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 | <ul style="list-style-type: none"> Coverage for days 1–60 per benefit period after \$1,260 inpatient deductible Coverage for days 61–90 after \$315 daily coinsurance Coverage for an additional 60 lifetime reserve days after \$630 daily coinsurance Coverage for mental hospital admissions is limited to 190 days per lifetime | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> When covered by Medicare, full coverage of Medicare Part B deductible and coinsurance with no visit maximum When visits are not covered by Medicare, full coverage with no visit maximum |
| Non-biologically based mental conditions*** | | |
| Inpatient admissions in a general hospital | <ul style="list-style-type: none"> Coverage for days 1–60 per benefit period after \$1,260 inpatient deductible Coverage for days 61–90 after \$315 daily coinsurance Coverage for an additional 60 lifetime reserve days after \$630 daily coinsurance | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> When covered by Medicare, full coverage of Medicare Part B deductible and coinsurance with no visit maximum When not covered by Medicare, full coverage 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.

*** Benefits are also available up to \$1,000 per contract year for admissions for alcohol detoxification, less any Medicare payments.

| | Medicare Provides | Medex Provides |
|--|---|--|
| Prescription Drugs | | |
| At a designated retail pharmacy | Medicare does not provide coverage for prescription drugs used outside of the hospital. See your Medicare handbook for certain covered drugs. | <ul style="list-style-type: none"> • Full coverage (generic drugs) • 80% coverage (brand-name drugs) |
| Through the designated mail-service pharmacy (up to a 90-day supply for each prescription or refill) | No benefits | Full coverage after a: <ul style="list-style-type: none"> • \$2 copayment (generic drugs) • \$15 copayment (brand-name drugs) |
| Vision Care | | |
| Services by participating ophthalmologists | 80% of approved services after \$147 annual Part B deductible | <ul style="list-style-type: none"> • Full coverage of Medicare deductible and coinsurance • For services not approved by Medicare, full coverage for exams, including refractions to determine the need for eyeglasses |
| Services by participating optometrists | 80% of approved services after \$147 annual Part B deductible for exams related to aphakia (condition following cataract surgery) | <ul style="list-style-type: none"> • Full coverage of Medicare deductible and coinsurance • For services not approved by Medicare, 20% coverage for vision exams, including refractions to determine the need for eyeglasses |
| Hearing Aids | | |
| Services by a licensed audiologist or hearing instrument specialist | No benefits | Full coverage for one hearing aid per ear, up to \$2,000 for each hearing aid and related services every 36 months |

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)
- 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 colonoscopy every two years for a high-risk member (Full coverage for tests)
- 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 are for the year 2015.
- 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 1-800-932-8323. (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.

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.