



MASSACHUSETTS

SUMMARY OF BENEFITS

MIIA MASSACHUSETTS
BASED
MEMBER
DRIVEN



Medex[®] 2 Plan 2020

This Medex plan provides benefits for:

- Medicare Part A and B Deductibles and Coinsurances
- OBRA Benefits

This Medex plan does not provide benefits for:

- Prescription Drugs

MIIA Town of Chelmsford

MyBlue is a personalized way to access and manage your health plan. Get secure access to key plan information, claims history, and recent medications. Download or email a copy of your digital ID card. View your spending dashboard, important updates, alerts and notifications. Register or log in at bluecrossma.com/myblue or download the app on iTunes[™] or Google Play[™].



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

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

Your Medical Benefits

	Medicare Provides	Medex Provides
Inpatient Care		
Hospital care—including surgical services, X-rays and laboratory tests, anesthesia, drugs and medications, and intensive care services	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A 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 days per benefit period†
Physician or other professional provider services	80% of approved charges after 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 Part A coinsurance 	<ul style="list-style-type: none"> • Full coverage of Medicare daily coinsurance for days 21–100 • \$10 daily for days 101–365
Skilled nursing facility—not participating with Medicare*	No benefits	\$8 daily for 365 days per benefit period
Outpatient Care		
Emergency room services for accident treatment or sudden and serious medical emergency treatment	80% of approved charges after annual Part B deductible	After a \$50 copayment per visit (waived if admitted or for observation stay), full coverage of Medicare deductible and coinsurance
Office visits, including podiatrists' services	80% of approved charges after annual Part B deductible	After a \$10 copayment per visit, full coverage of Medicare deductible and coinsurance
Surgery, radiation therapy, X-ray and lab tests, durable medical equipment, and cardiac rehabilitation services	80% of approved charges after 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 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	Full coverage based on the allowed charge
Chiropractor services	80% of approved charges after annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray	After a \$10 copayment per visit, full coverage of Medicare deductible and coinsurance for Medicare-approved charges only
Short-term rehabilitation—physical therapy, speech-pathology, and occupational therapy services approved by Medicare	80% of approved charges after annual Part B deductible	After a \$10 copayment per visit, full coverage of Medicare deductible and coinsurance
Hearing Care		
Hearing exams and tests	No benefits in most situations	For services not approved by Medicare, full coverage for one routine hearing exam every 2 calendar years
Hearing aids	No benefits	Full coverage up to a maximum of \$1,500 every 2 calendar years for one hearing aid or one set of binaural hearing aids

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 Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A 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 days per benefit period†
Outpatient visits	80% of approved charges after annual Part B deductible	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare 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 Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A 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 days per benefit period†
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 • Full coverage up to 365 days per benefit period†
Outpatient visits	80% of approved charges after annual Part B deductible	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum • When not covered by Medicare, full coverage up to 24 visits per calendar year

† 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.

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, refer to your Medicare & You handbook or go to medicare.gov. Some preventive covered services are highlighted below.

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| <ul style="list-style-type: none">• One routine fecal-occult blood test every year for members age 50 or older (Full coverage for tests)• One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage for tests)• One routine colonoscopy every two years for a high-risk member (Full coverage for tests)• Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage for tests)• Routine prostate cancer screening for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage for exam if doctor accepts assignment, full coverage for PSA test) | <ul style="list-style-type: none">• 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) |
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Important Information

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| <ul style="list-style-type: none">• The Medicare inpatient deductible and coinsurance amounts are subject to change January 1 of each year.• Benefits are available immediately upon your effective date. | <ul style="list-style-type: none">• Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary. |
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Get the Most from Your Plan

Visit us at bluecrossma.com or call 1-800-258-2226 to learn about discounts, savings, resources, and special programs available to you, like the one listed below.

Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs (see your plan description for details)	\$150 per calendar year
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Questions? Call 1-800-258-2226. (TTY) 711.

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: bluecrossma.com.

Register for or log in to MyBlue, a personalized way to access your health care information, claims, and more, at bluecrossma.com/myblue.

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. **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.

