



Medex[®]

Summary of Benefits

Medex Standard Plan 2005—Plan Overview

This Medex plan provides benefits for:

- Medicare Part A Deductible and Co-insurances
- Medicare Part B Deductible and Co-insurance
- Prescription Drugs

This Medex plan does not provide benefits for:

- OBRA Benefits

Texas Instruments



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 \$912 inpatient deductible • Coverage for days 61–90 after \$228 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$456 daily co-insurance 	<ul style="list-style-type: none"> • Full coverage of Medicare co-insurance (Part a deductible not covered) • Full coverage of lifetime reserve day co-insurance • Full coverage for days 91–365 per benefit period, when Medicare benefits are used up*
Physician or other professional provider services	80% of approved charges after \$110 annual Part B deductible	Full coverage of Medicare co-insurance (Part B deductible not covered)
Skilled nursing facility—participating with Medicare**	<ul style="list-style-type: none"> • Full coverage for days 1–20 • Coverage for days 21–100 after \$114 daily co-insurance 	<ul style="list-style-type: none"> • Full coverage of Medicare daily co-insurance 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		
Follow-up care within 100 days of a hospital stay of three or more days including cardiac rehabilitation, accident treatment, sudden and serious medical emergency treatment, surgery, radiation therapy, X-ray and laboratory tests, podiatrists' services, hemodialysis, physiotherapy approved by Medicare	80% of approved charges after \$110 annual Part B deductible	Full coverage of Medicare co-insurance (Part B deductible not covered)
Retail prescription drugs—administered by Express Scripts	Medicare does not provide coverage for prescription drugs used outside of the hospital. See your Medicare handbook for certain covered drugs.	After a \$25 calendar-quarter deductible: <ul style="list-style-type: none"> • Full coverage (generic drugs) • 80% coverage (brand-name drugs) Purchased at participating pharmacies inside Massachusetts or any pharmacy outside of Massachusetts.
Blood glucose monitors and materials to test for the presence of blood sugar	80% of approved charges after \$110 annual Part B deductible for all diabetics	Full coverage of Medicare co-insurance (Part B deductible not covered)
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

* The 91-365 days per benefit period are a combination of days in a general or a mental hospital.

** A combined maximum of 365 days per benefit period in a Medicare-participating and non-participating skilled nursing facility.

Your Medical Benefits

	Medicare Provides	Medex Provides
Outpatient Care		
Chiropractor services	80% of approved charges after \$110 annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray	Full coverage of Medicare deductible and co-insurance for Medicare-approved charges only
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 \$912 inpatient deductible • Coverage for days 61–90 after \$228 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$456 daily co-insurance • Coverage for mental hospital admissions is limited to 190 days per lifetime 	<ul style="list-style-type: none"> • Full coverage of Medicare co-insurance (Part A deductible not covered) • Full coverage of lifetime reserve day co-insurance • Full coverage for days 91–365 per benefit period, when Medicare benefits are used up**
Outpatient visits	Full coverage after the \$110 annual Part B deductible and the Part B co-insurance	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare co-insurance with no visit maximum (Part B deductible not covered) • When visits are not covered by Medicare, full coverage with no visit maximum
Non-biologically-based mental conditions (includes drug addiction and alcoholism)		
Inpatient admissions in a general hospital	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$912 inpatient deductible • Coverage for days 61–90 after \$228 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$456 daily co-insurance 	<ul style="list-style-type: none"> • Full coverage of Medicare co-insurance (Part A deductible not covered) • Full coverage of lifetime reserve day co-insurance • Full coverage for days 91–365 per benefit period, 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 co-insurance (Part A deductible not covered) • Full coverage of lifetime reserve day co-insurance • When Medicare benefits are used up, full coverage for 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 the \$110 annual Part B deductible and the Part B co-insurance	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Part B co-insurance with no visit maximum (Part B deductible not covered) • When not covered by Medicare, full coverage up to 24 visits per calendar year

* Treatment for rape-related mental or emotional disorders is covered to the same extent as biologically-based conditions.

** The 91-365 days per benefit period are a combination of days in a general hospital or a mental hospital.

Preventive Services Approved by Medicare and Medex

- One routine fecal-occult blood test every year for members age 50 or older (Full coverage in most cases)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (80% coverage after \$110 deductible)
- One routine colonoscopy every two years for a high-risk member (80% coverage after \$110 deductible)
- Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (80% coverage after \$110 deductible)
- Routine prostate cancer screening for members 50 years or older including one (PSA) test and one digital rectal exam, per calendar year (80% coverage after \$110 deductible)
- One routine gynecological exam every two years (80% coverage)
- One routine gynecological exam per calendar year for a member at high risk for cancer (80% coverage)
- 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)
- One routine Pap smear test per calendar year (Full coverage)

Important Information

- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.
- Benefits are available immediately upon your effective date.
- The Medicare inpatient deductible and co-insurance amounts are subject to change January 1 of each year.
- The deductibles and co-insurance amounts listed here are for the year 2005.
- Your Medex Standard Plan does not provide benefits for the Medicare Part A and Part B deductible
- Prescription drug claims must be submitted to Blue Cross Blue Shield on a Medex Subscriber Claim form. Contact Member Service for the correct claim form.

Healthy Blue Programs

At Blue Cross Blue Shield of Massachusetts we offer you Healthy Blue, a group of programs, discounts and savings, resources, and tools to help you get the most you can from your health care plan. You'll receive our *Healthy Blue* booklet, which outlines these special programs.

Living Healthy® Vision—discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)	Discount varies
Discounts on safety helmets and home safety items	Discount varies
Blue Care® Line to answer your health care questions 24 hours a day, call 1-888-247-BLUE (2583)	No charge
Living Healthy® Naturally—discounts on different types of complementary and alternative medicine services such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi, and yoga	Up to a 30% discount
Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No charge
Member Self Service on bluecrossma.com —to help you manage your health care	No charge

Member Service

The Member Service staff can assist you Monday through Friday, 8 a.m. to 6 p.m.

For questions about claims, benefits, or membership, call: **1-800-258-2226**
 Telecommunications Device for the Deaf (TDD): **1-800-522-1254**
 Medicare Office Telephone Number in Massachusetts: **1-800-882-1228**

Write: Blue Cross Blue Shield of Massachusetts, P.O. Box 9131, North Quincy, MA 02171-9131

For more information about Blue Cross Blue Shield, log on to: **www.bluecrossma.com**

This Summary of Benefits highlights some of the benefits available through your group as of January 1, 2005. The benefit description, along with any riders, defines the terms and conditions of your coverage. Should any questions arise concerning coverage, the benefit description and applicable riders will govern. 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.

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