



MASSACHUSETTS



HMO Blue[®] Basic Value

with Prescription Drug Coverage

[Summary of Benefits](#)

Your Care

Your Primary Care Physician.

When you join HMO Blue Basic Value, you must choose a PCP for you and each member of your family. There are several ways to find a PCP: visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the *HMO Blue Provider Directory*, or call our Physician Selection Service at **1-800-821-1388**. If you have trouble choosing a doctor, the Physician Selection Service can help. We can tell you whether a doctor is male or female, the medical school(s) he or she attended, and if any languages other than English are spoken in the office.

Referrals You Can Feel Better About.

Your PCP is the first person you should call when you need routine or sick care (see *Emergency Care—Wherever You Are* for emergency care services). Your HMO Blue Basic Value PCP cares about your health, which is why, should you and your PCP decide you need a specialist, you'll be referred to the one your PCP determines is appropriate for treating your specific condition. Of course, if you have a specialist to whom you would like to be referred, discuss this with your doctor. It's an important decision and the top priority is keeping you healthy. Your physician may also work with Blue Cross Blue Shield concerning the Utilization Review Requirements, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your subscriber certificate.

Emergency Care—Wherever You Are.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). There is a **\$150** copayment for emergency room services, which is waived if your stay is for observation or you're admitted to the hospital. Any follow-up care must be arranged by your PCP.

The HMO Blue Service Area.

All members must reside in the service area. The plan's service area includes all cities and towns in the Commonwealth of Massachusetts. Please see your subscriber certificate for a complete definition of the service area.

When Outside the HMO Blue Service Area.

If you're traveling outside the HMO Blue service area and you need urgent or emergency care, you may go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. And, any additional follow-up care must be arranged by your PCP. See your subscriber certificate for more information.

Out-of-Pocket Maximum.

You're protected by an out-of-pocket maximum of **\$5,000** for a member in a calendar year (**\$10,000** for all family members covered under the same membership). The out-of-pocket maximum includes your co-insurance and co-payments. Once the out-of-pocket maximum is met, you will not have to pay co-insurance or copayments for the remainder of the calendar year. **This out-of-pocket maximum provision does not apply to prescription drug copayments.**

Dependent Benefits.

This plan covers dependents to age 26, or for two calendar years after the dependent is no longer claimed on the subscriber's or spouse's federal tax return, whichever comes first. Additionally, this plan may cover unmarried full-time students or other unmarried dependents who do not otherwise qualify as eligible dependents. Please see your subscriber certificate (and riders, if any) for exact coverage details.

Your Medical Benefits

With your health care plan, you have the comfort of knowing you're covered in sickness, in health, in the hospital, and in emergencies. You have benefits with no waiting periods and virtually no claim forms. And, in case of an emergency, you have Blue Cross Blue Shield's immediate name recognition wherever you travel.

Covered Services	Your Cost
Outpatient Care	
Emergency room visits	\$150 per visit (waived if admitted or for observation stay)
Well-child care	\$15 per visit
Routine exams (including one GYN exam per calendar year)	\$15 per visit
Routine hearing exams	\$15 per visit
Routine vision exams (one every 24 months)	\$15 per visit
Family planning services—office visits	\$15 per visit
Office visits (including podiatry services)	
• When performed by your PCP, OB-GYN physician network nurse practitioner, or nurse midwife	\$25 per visit
• When performed by other network providers	\$40 per visit
Chiropractor services	Not covered
Short-term rehabilitation therapy—physical and occupational (up to 20 visits per calendar year*)	\$40 per visit
Speech, hearing, and language disorder treatment (speech therapy)	\$40 per visit
Allergy injections only	Nothing
Diagnostic X-rays, lab tests, and other tests	35% co-insurance
Home health care, including hospice services	35% co-insurance
Oxygen and equipment for its administration	35% co-insurance
Durable medical equipment and repairs—such as wheelchairs, crutches, hospital beds (up to \$750 per calendar year**)	35% co-insurance, then all charges beyond the calendar-year benefit maximum
Prosthetic devices	35% co-insurance of approved charges
Surgery and related anesthesia in an office, ambulatory surgical facility, hospital, or surgical day care unit	35% co-insurance
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	35% co-insurance per admission
Rehabilitation hospital care (up to 60 days per calendar year)	35% co-insurance per admission
Skilled nursing facility care (up to 100 days per calendar year)	35% co-insurance per admission
Prescription Drug Benefits†	
With BlueValue RX SM Formulary (up to a 30-day formulary supply for each prescription or refill)	\$15 for Tier 1 \$30 for Tier 2 \$50 for Tier 3
Through the mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$30 for Tier 1 \$60 for Tier 2 \$150 for Tier 3

* No limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or to diagnose and treat speech, hearing, and language disorders.

** No dollar limit applies when durable medical equipment is furnished as part of covered home dialysis, home health care, or hospice services.

† Your plan provides coverage of maintenance medications through an Exclusive Home Delivery Program. This program helps you get maintenance medications in a reliable, convenient way while keeping your plan's costs down. A maintenance medication is a prescription drug that treats an ongoing condition such as diabetes or high blood pressure. Under your Exclusive Home Delivery Program, you can get up to a 1-month supply of a maintenance medication two times from a local participating pharmacy. After that, your plan will cover the medication only if you order it from the Express Scripts Mail-Order Pharmacy.

Your Medical Benefits (continued)

Covered Services	Your Cost
Mental Health and Substance Abuse Treatment	
Biologically based conditions*	
Inpatient admissions in a general hospital or mental hospital	35% co-insurance per admission
Outpatient visits	\$25 per visit
Non-biologically based mental conditions (includes drug addiction and alcoholism)	
Inpatient admissions in a general hospital	35% co-insurance per admission
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	35% co-insurance per admission
Outpatient visits (up to 24 visits per calendar year)	\$25 per visit
Alcoholism treatment (in addition to non-biologically based mental conditions)	
Inpatient admissions in a general hospital	35% co-insurance per admission
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	35% co-insurance per admission
Outpatient visits (up to 8 visits per calendar year**)	\$25 per visit

* Treatment for rape-related mental or emotional disorders and treatment for children under age 19 are covered to the same extent as biologically based conditions.

** The value of these visits is at least \$500 in each calendar year.

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. Call us at **1-800-262-BLUE (2583)** to receive our *Healthy Blue* booklet, which outlines these special programs.

LIVING HEALTHY <i>Babies</i> [®]	No charge
A Fitness Benefit toward membership at a health club (see your subscriber certificate for details)	\$150 per year, per individual/family
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	\$150 per year, per individual/family
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

Questions? Call 1-800-262-BLUE (2583).

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders.

