



MASSACHUSETTS



Network Blue Preferences

Medical Security Program Direct Coverage Plan
Department of Workforce Development/Division of Unemployment Assistance

Summary of Benefits

Your Care

Your Primary Care Physician.

When you join Network Blue, you must choose PCPs 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 call when you need routine or sick care (see *Emergency Room Services* for emergency care services). Your Network Blue 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 benefit description.

Your Copayments.

Network Blue Preferences has two levels of copayments. You generally have a higher copayment for inpatient admissions and ambulatory surgery provided at selected hospitals. You also pay higher copayments for some specialists' services.

Certain covered services furnished at selected hospitals may not be subject to the higher copayment. These covered services include transplants, care for extensive burns, pediatric inpatient admissions, mental health and substance abuse inpatient admissions, and inpatient admissions for certain surgical procedures. Please see your benefit description for a complete list of these covered services.

Out-of-Pocket Maximum.

You're protected by an out-of-pocket maximum of \$2,000 for a member in a calendar year (\$4,000 per family). Only copayments for inpatient hospital admissions, ambulatory surgery admissions, and emergency room services will be applied to your out-of-pocket maximum. **Please note:** If your out-of-pocket maximum is met, you must continue to pay your copayments for covered services when they apply.

Selected Hospitals.

The hospitals listed below are selected hospitals. Blue Cross Blue Shield will let you know if this list changes.

- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Brigham and Women's Hospital
- Children's Hospital
- Dana-Farber Cancer Institute
- Lahey Clinic
- Massachusetts General Hospital
- New England Baptist Hospital
- New England Medical Center

Emergency Room Services.

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 \$100 copayment for emergency room services, which is waived if your stay is for observation or you're admitted to the hospital. Any necessary follow-up care must be arranged by your PCP.

Service Area.

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts. Please see your benefit description for a complete definition of the service area.

When Outside the Service Area.

The Medical Security Program does not provide coverage for services outside of Massachusetts, except in limited situations. If you're traveling outside the 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 benefit description for more information.

Dependent and Student Benefits.

Network Blue Preferences covers your unmarried dependent children until age 19 and full-time students until age 24.

Your Medical Benefits

With your health care plan, you have the comfort of knowing you're covered for physicians' visits, hospital care, and 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	\$100 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 When performed by your PCP When performed by other network providers	\$15 per visit \$30 per visit
Routine vision exams (one every 24 months)	\$30 per visit
Family planning services—office visits	\$15 per visit
Office visits To your PCP, OB/GYN, nurse practitioner, or nurse midwife To all other network providers	\$15 per visit \$30 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$30 per visit
Speech, hearing, and language disorder treatment—speech therapy When performed by your PCP When performed by other network providers	\$15 per visit \$30 per visit
Allergy injections only	Nothing
Diagnostic X-rays, lab tests, and other tests	Nothing
Home health care, including hospice services	Nothing
Oxygen and equipment for its administration	Nothing
Durable medical equipment and repairs—such as wheelchairs, crutches, hospital beds: Covered up to \$750 per calendar year**	All charges beyond the calendar-year benefit maximum
Prosthetic devices	20% of approved charges
Ambulatory surgery	\$350 per admission in a selected hospital \$150 per admission in all other network hospitals
Inpatient Care (including maternity care)	
General or chronic disease hospital care (as many days as medically necessary)	\$600 per admission in a selected hospital \$250 per admission in a selected hospital for members under age 19 \$250 per admission in all other network hospitals
Rehabilitation hospital care (up to 60 days per calendar year)	\$250 per admission
Skilled nursing facility care (up to 100 days per calendar year)	\$250 per admission
Prescription Drug Benefits (The Blue Cross Blue Shield Formulary is a list of approved drugs and supplies. For more information about the formulary, call the Blue Cross Blue Shield Member Service toll-free number on your ID card, or visit the Blue Cross Blue Shield website at www.bluecrossma.com .)	
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	No deductible \$10 for Tier 1 \$20 for Tier 2 \$35 for Tier 3
Through the mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible \$20 for Tier 1 \$40 for Tier 2 \$70 for Tier 3

* No visit 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 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	Nothing
Outpatient visits	\$15 per visit
Non-biologically based mental conditions (includes drug addiction and alcoholism)	
Inpatient admissions in a general hospital	Nothing
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	Nothing
Outpatient visits (up to 24 visits per calendar year)	\$15 per visit
Alcoholism treatment (in addition to non-biologically based mental conditions)	
Inpatient admissions in a general hospital	Nothing
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	Nothing
Outpatient visits (up to 8 visits per calendar year)	\$15 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.

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 1-800-914-4455 to receive our *Healthy Blue* booklet, which outlines these special programs.

Living Healthy Babies*	No charge
Living Healthy* Vision—discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)	Discount varies
Discounts on 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 1-800-914-4455.

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

Limitations and Exclusions. These pages highlight some of the benefits under your Network Blue Preferences plan. The benefits described are covered when arranged by your primary care physician and coordinated by Network Blue. Your benefit description defines the terms and conditions of your coverage. Should any questions arise concerning benefits, the benefit description will govern. Some of the services not covered are: infertility services; chiropractic services; temporomandibular joint (TMJ) services; custodial care; cosmetic surgery; eyeglasses; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, please refer to your benefit description.

Please note: Blue Cross and Blue Shield of Massachusetts, Inc., administers claims payment only and does not assume financial risk for claims.

