

Massachusetts Medical Society

**PLAN COMPARISON (Blue Cross Blue Shield of Massachusetts)
For Members Who Are Eligible For Medicare**

Reflects plan changes effective January 1, 2011

	Blue Cross Blue Shield MEDEX SPECIAL	Blue Cross Blue Shield MEDEX STANDARD	Blue Cross Blue Shield MEDEX 2	Blue Cross Blue Shield MEDEX CORE	Blue Cross Blue Shield Medicare HMO Blue (Formerly Blue Care 65)
	Requires	Requires	Requires	Requires	Requires
	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
Quarterly Premium Rate * Per Person	\$2,001.87	\$1,617.34	\$1,227.85	\$559.74	\$1,119.51
Rates effective:	1/1/11 through 12/31/11	1/1/11 through 12/31/11	1/1/11 through 12/31/11	1/1/11 through 12/31/11	1/1/11 through 12/31/11
Eligibility Service Area; restricted to residents of:	United States	United States	United States	United States	Certain areas of Massachusetts only
Provider Network	None but must accept Medicare	None but must accept Medicare	None but must accept Medicare	None but must accept Medicare	Limited network within Massachusetts
Part A Deductible (\$1132 for 1st 60 days per benefit period in 2011)	Covered	Not covered	Covered	Not Covered	N/A
Part B Deductible (\$162 for 2011)	Covered	Not covered	Covered	Not Covered	N/A
Prescription Drugs From Pharmacy (30 day supply)				Not Covered	
Deductible	\$35 per quarter	\$35 per quarter	Not covered	Not Covered	None
Maximum Benefit	Unlimited	Unlimited	Not covered	Not Covered	Unlimited
Copay:					
Generic	No copay; 100% coverage	No copay; 100% coverage	Not covered	Not Covered	\$10
Brand Name	No copay; 80% coverage	No copay; 80% coverage	Not covered	Not Covered	\$25
"Non-preferred Drug"	N/A	N/A	Not covered	Not Covered	\$45
Rx "Coverage Gap"					
Mail Order Service (90 day supply)				Not Covered	
Deductible	None	None	Not covered	Not Covered	None
Copay:				Not Covered	
Generic	\$2	\$2	Not covered	Not Covered	\$20
Brand Name	\$15	\$15	Not covered	Not Covered	\$50
"Non-preferred Drug"	Not covered	Not covered	Not covered	Not Covered	\$90
Rx "Coverage Gap"					
Hospital Services					

Physicians Insurance Agency of Massachusetts

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	Medicare Parts A and B	Medicare Parts A and B	Medicare Parts A and B	Medicare Parts A and B	Medicare Parts A and B
Inpatient Coverage	Medicare covers 1st 60 days @ 100%; 61 through 90 except \$283 per day; 91 through 150 except \$566 per day; Medex Special covers balance of days 61 - 150 plus add'l. 365 days	Medicare covers 1st 60 days @ 100%; 61 through 90 except \$283 per day; 91 through 150 except \$566 per day; Medex Standard covers balance of days 61 - 150 plus add'l. 365 days	Medicare covers 1st 60 days @ 100%; 61 through 90 except \$283 per day; 91 through 150 except \$566 per day; Medex 2 covers balance of days 61 - 150 plus add'l. 365 days	After Medicare deductible Medicare covers 1st 60 days @100%; 61 through 90 except \$283 per day; 91 through 150 except \$566 per day; Medex Core covers balance of days 61-90 plus add'l. 365 days	Patient pays \$150 per day for 1st 5 days of each benefit period; Medicare HMO Blue covers balance
Outpatient Coverage	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	100% (\$150 copay for outpatient surgery)
Emergency Room Care	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$50 copay (waived if admitted)
Ambulance Service	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$100 copay (waived if admitted)
Diagnostic Tests	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	100%
Physician Services (including Surgery)	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	100%
Ambulatory Services		Medicare covers 80% * Medex Standard covers 20% *			
Physician Office Visits	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$15 copay
Specialist	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$30 (w/PCP referral)
Physical Therapy	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$15 copay (w/PCP referral)
Chiropractic Services	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$30 copay
Preventive Care					
Annual Physical Exam	Not covered	Not covered	Not covered	Not covered	100%
Annual Mammography/PAP Smear					
Once per three years	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	Medicare covers 80% * Medex Core covers 20% *	100%
Years when no Medicare benefit	Medex covers 100%	Medex covers 100%	Medex covers 100%	Medex covers 100%	100%
Immunizations	Flu & Pneumonia - 100 %	Flu & Pneumonia - 100 %	Flu & Pneumonia - 100 %	Flu & Pneumonia - 100 %	100%
Mental Health / Substance Abuse					

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Inpatient Coverage					100%
Lifetime Limit	Medicare covers 190 days; Medex Special coverage varies	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 190 days; Medex 2 coverage varies	After Medicare deductible Medicare covers 190 days; Medex Core coverage varies	190 Days Combined
Outpatient Coverage	Medicare covers 50% * Medex Special covers 50%*	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 50% * Medex 2 covers 50%*	After Medicare deductible Medicare covers 50% * Medex Core covers 50% *	
Copay	N/A	N/A	N/A	N/A	\$30 copay
# of visits	Varies	Varies	Varies	Varies	Unlimited
Other Facilities & Services If Medically Necessary					
Hospice Care	100%	100%	100%	100%	100%
Skilled Nursing Facility	Medicare covers 20 days @ 100%, days 21 through 100 except \$141.50 per day Medex Special covers balance of 21-100 then 100%	Medicare covers 20 days @ 100%, days 21 through 100 except \$141.50 per day Medex Standard covers balance of 21-100 then 100%	Medicare covers 20 days @ 100%, days 21 through 100 except \$141.50 per day Medex 2 covers balance of 21-100 then 100%	After Medicare deductible, Medicare covers 20 days @ 100%, days 21 through 100 except \$141.50 per day Medex Core covers balance of 21- 100 then 100%	\$50copay per day up to \$1,000per calendar year.
Home Health Care	Medicare covers @ 100%	Medicare covers @ 100%	Medicare covers @ 100%	100%	100%
Private Duty Nursing Services	Not covered	Not covered	Not covered	Not covered	Not covered
Durable Medical Equipment	Medicare covers 1st \$100 @100%, then 80% of balance; Medex Special pays balance	Medicare covers 1st \$100 @100%, then 80% of balance; Medex Standardpays balance	Medicare covers 1st \$100 @100%, then 80% of balance; Medex 2 pays balance	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	100%
Prosthetics	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex 2 covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	100%
Routine Eye Exams	Not covered	Not covered	Not covered	Not covered	\$30 copay
Eyeglasses	Not covered	Not covered	Not covered	Not covered	\$150 per 2 years allowed
Hearing Exams	Not covered	Not covered	Not covered	Not covered	\$30 copay
Hearing Aids	Not covered	Not covered	Not covered	Not covered	\$400 allowed per 3 yrs.
Dental Care					
Cleaning, Exam, Bitewing X-Ray	Not covered	Not covered	Not covered	Not covered	\$30copay
Other dental services	Not covered	Not covered	Not covered	Not covered	Not covered

Please Note: This outline of benefits is intended to be a broad overview and is subject to change. Final determination of covered services and exclusions will be made by Medicare and Blue Cross Blue Shield of Massachusetts

Medicare HMO Blue is NOT available to individuals who reside in Massachusetts less than six months per year.

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	<i>Requires</i>	<i>Requires</i>	<i>Requires</i>	<i>Requires</i>	<i>Requires</i>
	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>

Services incurred during travel outside the United States are covered by Medex Special (but NOT covered by Medex Core)

Medicare HMO Blue is a "Managed Care" plan that requires you to use participating providers in order to receive benefits.

A restricted number of hospitals and physicians is included in the network. Make sure acceptable Providers participate in the plan before you join.