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

Questions? Call 1-800-882-1093. (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)
# Your Medical Benefits

## Inpatient Care

<table>
<thead>
<tr>
<th>Medicare Provides</th>
<th>Medex Provides</th>
</tr>
</thead>
</table>
| **Hospital care**—including surgical services, X-rays and laboratory tests, anesthesia, drugs and medications, and intensive care services | • 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 | After a $250 calendar-year deductible:  
• 80% coverage of Medicare deductible and coinsurance  
• 80% coverage of lifetime reserve day coinsurance  
• 80% coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up† |
| **Physician or other professional provider services** | 80% of approved charges after annual Part B deductible | After a $250 calendar-year deductible, 80% coverage of Medicare deductible and coinsurance |
| **Skilled nursing facility—participating with Medicare*** | • Full coverage for days 1–20  
• Coverage for days 21–100 after daily Part A coinsurance | After a $250 calendar-year deductible†, 80% coverage of Medicare daily coinsurance for days 21–365 |
| **Skilled nursing facility—not participating with Medicare*** | No benefits | After a $250 calendar-year deductible†, 80% coverage for 365 days per benefit period |

## Outpatient Care

<table>
<thead>
<tr>
<th>Medicare Provides</th>
<th>Medex Provides</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office visits, emergency services, surgery, radiation therapy, X-ray and lab tests, podiatrists' services, durable medical equipment, and cardiac rehabilitation services</strong></td>
<td>80% of approved charges after annual Part B deductible</td>
</tr>
<tr>
<td><strong>Blood glucose monitors and materials to test for the presence of blood sugar</strong></td>
<td>80% of approved charges after annual Part B deductible for all diabetics</td>
</tr>
<tr>
<td><strong>Urine test strips (Claims must be submitted on a Medex Subscriber Claim form)</strong></td>
<td>No benefits</td>
</tr>
<tr>
<td><strong>Chiropractor services</strong></td>
<td>80% of approved charges after annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray</td>
</tr>
<tr>
<td><strong>Short-term rehabilitation – physical therapy, speech-pathology, and occupational therapy services approved by Medicare</strong></td>
<td>80% of approved charges after annual Part B deductible</td>
</tr>
</tbody>
</table>
## Mental Health and Substance Use Treatment

### Biologically based mental conditions**

<table>
<thead>
<tr>
<th>Medicare Provides</th>
<th>Medex Provides</th>
</tr>
</thead>
</table>
| **Inpatient admissions in a general or mental hospital** | • 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 a 190 day lifetime maximum | • 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 a 190 day lifetime maximum  
After a $250 calendar-year deductible**:  
• 80% coverage of Medicare deductible and coinsurance  
• 80% coverage of lifetime reserve day coinsurance  
• 80% coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up† |
| **Outpatient visits** | 80% of approved charges after annual Part B deductible | After a $250 calendar-year deductible**:  
• 80% coverage of Medicare deductible and coinsurance  
• 80% coverage of lifetime reserve day coinsurance  
• 80% coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up† |

### Non-biologically based mental conditions

<table>
<thead>
<tr>
<th>Medicare Provides</th>
<th>Medex Provides</th>
</tr>
</thead>
</table>
| **Inpatient admissions in a general hospital** | • 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 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  
After a $250 calendar-year deductible**:  
• 80% coverage of Medicare deductible and coinsurance  
• 80% coverage of lifetime reserve day coinsurance  
• 80% coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up† |
| **Inpatient admissions in a mental hospital** | Same coverage as a general hospital, but coverage is limited to a 190 day lifetime maximum | After a $250 calendar-year deductible**:  
• 80% coverage of Medicare deductible and coinsurance  
• 80% coverage of lifetime reserve day coinsurance  
• When Medicare benefits are used up, 80% coverage up to 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** | 80% of approved charges after annual Part B deductible | After a $250 calendar-year deductible**:  
• When covered by Medicare, 80% coverage of Medicare deductible and coinsurance with no visit maximum  
• When not covered by Medicare, 80% coverage up to 24 visits per calendar year |

† When the money you have paid for your Medex deductible and coinsurance equals $1,000 in a calendar year, you will receive full Medex benefits for covered services for the rest of that calendar year.

†† The additional days are a combination of days in a general or mental hospital.

†‡ 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.
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. For certain services covered by Medex, you have 80% coverage after a $250 calendar-year deductible. Some preventive covered services are highlighted below.

- One routine fecal–occult blood test every year for members age 50 or older (80% coverage after deductible for tests)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (80% coverage after deductible for tests)
- One routine colonoscopy every two years for a high-risk member (80% coverage after deductible for tests)
- Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (80% coverage after deductible for tests)
- Routine prostate cancer screening for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (80% coverage after deductible for exam if doctor accepts assignment, 80% coverage after deductible for PSA test)
- One routine gynecological exam every two years (80% coverage after deductible for exam if doctor accepts assignment)
- One routine gynecological exam per calendar year for a member at high risk for cancer (80% coverage after deductible 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 (80% coverage after deductible for screening)
- One routine Pap smear test per calendar year (80% coverage after deductible coverage for test, full coverage when services are not covered by Medicare)

Important Information

- The Medicare inpatient deductible and coinsurance amounts are subject to change January 1 of each year.
- Benefits are available immediately upon your effective date.
- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.

Limitations and Exclusions. These pages summarize 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. administers claims payment only and does not assume financial risk for claims.
Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

**NONDISCRIMINATION NOTICE**

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at civilrightscoordinator@bcbsma.com.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at [ocrportal.hhs.gov](http://ocrportal.hhs.gov); by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at [hhs.gov](http://hhs.gov).

**BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:**

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).

- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.
TRANSLATION RESOURCES

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意：如果您讲中文，我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部（TTY 号码：711）。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantitifkasyon w lan (Sèvis pou Malantandan TTY: 711).


Arabic/عربية: انتباه: إذا كنت تتحدث اللغة العربية، فتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹងពីជាតិសាលានេះវាគឺមិនគ្រប់គ្រាន់ការពិសេសដែលឈ្នះបានបានសប្តាហ៍ទៅអ្នក ឬនិយាយភាសានេះស្ថាប័នបានស្ថាប័នបានគ្រប់គ្រាន់មួយ (TTY: 711)។


Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).


Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).