Medex® Silver Plan 2013—Summary of Benefits

This Medex plan provides benefits for the:
• Medicare Part A Deductible and Co-insurances
• Medicare Part B Co-insurance
• Prescription Drugs

This Medex plan does not provide benefits for:
• Medicare Part B Deductible
• OBRA Benefits

Tufts University
## Your Medical Benefits

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Medicare Provides</th>
<th>Medex Provides</th>
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<tr>
<td><strong>Inpatient Care</strong></td>
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</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 $1,184 inpatient deductible  
• Coverage for days 61–90 after $296 daily co-insurance  
• Coverage for an additional 60 lifetime reserve days after $592 daily co-insurance | • Full coverage of Medicare deductible and co-insurance  
• 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 $147 annual Part B deductible                       | Full coverage of Medicare co-insurance  
(Part B deductible not covered)                                                       |
| Skilled nursing facility—participating with Medicare*                              | • Full coverage for days 1–20  
• Coverage for days 21–100 after daily $148 co-insurance                       | • 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                                           |
| **Continued Active Care**                                                           |                                                                                  |                                                                                |
| Cardiac rehabilitation, drugs covered by Medicare Part B, medical care services, and Medicare-approved short-term rehabilitation therapy | 80% of approved charges after $147 annual Part B deductible                       | Full coverage of Medicare co-insurance only when the services are provided within 100 days of hospital discharge to treat a condition for which you were an inpatient in a hospital for at least three days in a row (Part B deductible not covered) |
| **Other Outpatient Care**                                                           |                                                                                  |                                                                                |
| Accident treatment, sudden and serious medical emergency treatment, surgery, radiation therapy, X-ray and laboratory tests, podiatrists’ services, hemodialysis | 80% of approved charges after $147 annual Part B deductible                       | Full coverage of Medicare co-insurance  
(Part B deductible not covered)                                                       |
| Blood glucose monitors and testing materials to test for the presence of blood sugar | 80% of approved charges after $147 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                        |
| Chiropractor services                                                              | 80% of approved charges after $147 annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray | Full coverage of Medicare co-insurance for Medicare-approved charges only  
(Part B deductible not covered)                                                       |
| **Occupational Therapist and Physical Therapist Services**                         |                                                                                  |                                                                                |
| Medicare approved occupational therapy by an occupational therapist, and physical therapy by a registered independent physical therapist | 80% of approved charges after $147 annual Part B deductible                       | Full coverage of Medicare co-insurance  
(Part B deductible not covered)                                                       |
## Your Medical Benefits

<table>
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<tr>
<th>Mental Health and Substance Abuse Treatment</th>
<th>Medicare Provides</th>
<th>Medex Provides</th>
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<tbody>
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<td><strong>Biologically based mental conditions</strong></td>
<td></td>
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</tbody>
</table>
| Inpatient admissions in a general or mental hospital | • Coverage for days 1–60 per benefit period after $1,184 inpatient deductible  
• Coverage for days 61–90 after $296 daily co-insurance  
• Coverage for an additional 60 lifetime reserve days after $592 daily co-insurance  
• Coverage for mental hospital admissions is limited to 190 days per lifetime | • Full coverage of Medicare deductible and co-insurance  
• 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 $147 annual Part B deductible and the Part B co-insurance | • 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** |                   |                |
| Inpatient admissions in a general hospital | • Coverage for days 1–60 per benefit period after $1,184 inpatient deductible  
• Coverage for days 61–90 after $296 daily co-insurance  
• Coverage for an additional 60 lifetime reserve days after $592 daily co-insurance | • Full coverage of Medicare deductible and co-insurance  
• 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 | • Full coverage of Medicare deductible and co-insurance  
• Full coverage of lifetime reserve day co-insurance  
• When Medicare benefits are used up, full 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 | Full coverage after $147 annual Part B deductible and the Part B co-insurance | • When covered by Medicare, full coverage of Medicare 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 | |

† 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 Benefits vs Medex Provides

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th><strong>Medicare Benefits</strong></th>
<th><strong>Medex Provides</strong></th>
</tr>
</thead>
</table>
| At a designated retail pharmacy | Medicare does not provide coverage for prescription drugs used outside of the hospital. See your Medicare handbook for certain covered drugs. | After a $65 calendar-quarter deductible:  
  - Full coverage (generic drugs)  
  - 80% coverage (brand-name drugs) |
| Through the designated mail-service pharmacy (up to a 90-day supply for each prescription or refill) | No benefits | Full coverage after a:  
  - $10 copayment (generic drugs)  
  - $15 copayment (brand-name drugs) |

### Preventive Services Approved by Medicare and Medex

Medicare provides coverage for certain preventive services at no cost to members. For the current list of covered preventive services, please refer to your Medicare & You handbook or go to [www.medicare.gov](http://www.medicare.gov). Some preventive covered services are highlighted below.

- One routine fecal-occult blood test every year for members age 50 or older (Full coverage for tests)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage for tests)
- One routine colonoscopy every two years for a high-risk member (Full coverage for tests)
- Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage for tests)
- Routine prostate cancer screening for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage for exam if doctor accepts assignment, full coverage for PSA test)
- One routine gynecological exam every two years (Full coverage for exam if doctor accepts assignment)
- One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage 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 (Full coverage for screening)
- One routine Pap smear test per calendar year (Full coverage for test)

### Important Information

- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.
- 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 2013.
- Benefits are available immediately upon your effective date.
- You are encouraged to use an Express Scripts pharmacy outside of Massachusetts. These pharmacies will file claims for you as long as you have your ID card with you.

### Questions? Call 1-800-782-3675. (TTY) 1-800-522-1254.

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)

For more information about Blue Cross Blue Shield of Massachusetts, log on to: [www.bluecrossma.com](http://www.bluecrossma.com).

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail? Go to [www.bluecrossma.com/email](http://www.bluecrossma.com/email) to sign up.

### Limitations and Exclusions

These pages summarize the benefits of 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. **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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