



# Comprehensive Major Medical

Copay Option

Summary of Benefits

Gold Medal Bakery



An Independent Licensee of the  
Blue Cross and Blue Shield Association

# About the Plan

## You Are Free to Choose.

With Comprehensive Major Medical, you may use any Blue Cross Blue Shield-participating provider in the United States. In Massachusetts, all general hospitals and most physicians participate with Blue Cross Blue Shield. There are no claim forms for services you receive in Massachusetts by a participating provider. There are reasonable out-of-pocket expenses. And, your plan gives you nationwide access to participating hospitals and medical, surgical, and other health care providers.

## When Coverage Begins.

Coverage is available immediately upon enrollment for all covered services.

## The Deductible.

There is a **\$250** per member calendar-year deductible (or **\$500** for all members covered under the same family membership). The calendar-year deductible begins on January 1 and ends on December 31 of each year. This deductible does not apply to services for which you pay a copayment, prescription drugs, or routine adult physical exams. Your copayments do not count toward your calendar-year deductible.

## Co-insurance Maximum.

After your deductible, you pay **20%** co-insurance for most covered services. And, for some outpatient services, you pay a **\$20** copayment for each visit. When the money paid for the 20% co-insurance equals **\$1,000** for a member in a calendar year (or **\$2,000** for all members covered under the same family membership), full coverage, based on the allowed charge, is provided for the remainder of that calendar year. Your copayments do not count toward your co-insurance maximum. If you reach your co-insurance maximum you must still pay your copayment when it applies.

## Lifetime Maximum.

Each member has a **\$2,000,000** lifetime benefit maximum for all covered services. (If you change from one Blue Cross Blue Shield of Massachusetts plan to another, any dollar amount applied toward your lifetime maximum under prior Blue Cross Blue Shield of Massachusetts plans will be carried over and applied to the lifetime maximum under this plan.)

## Dependent and Student Benefits.

Comprehensive Major Medical covers your unmarried dependent children until age 19, or full-time students until age 25. Student coverage ends when the student turns 25, or marries, or on November 1 following the date the student discontinues full-time classes or graduates, whichever comes first.

## Utilization Review Requirements.

You must follow the requirements of Utilization Review, which are Pre-Admission Review, Concurrent Review and Discharge Planning, and Individual Case Management. Information concerning Utilization Review is detailed in your subscriber certificate. If you need non-emergency or non-maternity hospitalization, you, or someone on your behalf, must call the number on your ID card for pre-approval. If you do not notify Blue Cross Blue Shield and receive pre-approval, your benefits may be reduced or denied.

## To Find a Provider.

To find a participating provider within Massachusetts, call our Physician Selection Service at **1-800-821-1388** or visit our website at [www.bluecrossma.com](http://www.bluecrossma.com). If you're receiving care outside of Massachusetts and you need to locate a doctor or hospital that participates with the local Blue Cross Blue Shield plan, or if you need help finding a specialist, just call **1-800-810-BLUE (2583)**.

## The BlueCard® Program.

The BlueCard Program gives you access to participating providers throughout the United States. There are no claims to submit and no paperwork. You need only go to a BlueCard-participating doctor or hospital and show your ID card when you need care. If you choose to see a non-participating provider, you may have to file the claim yourself to be reimbursed for your expenses. (Please note: participating doctors are restricted from billing you for the balance of their charges, that exceed our negotiated discount amount, except as provided otherwise by law.)

You can find participating providers or check a provider's current status in several ways:

- Call **1-800-810-BLUE (2583)**. Please have your ID card ready. If you have not received your ID card, let the representative know that you are looking for participating providers in the area in which you wish to seek care.
- Visit the BlueCard Doctor and Hospital Finder website at [www.bcbs.com/healthtravel/finder.html](http://www.bcbs.com/healthtravel/finder.html).
- Visit [www.bcbs.com/healthtravel/worldwide\\_hospitals.html](http://www.bcbs.com/healthtravel/worldwide_hospitals.html) for a complete list of BlueCard Worldwide's physicians and hospitals.

Please note: If you are outside the United States and need medical care, call **1-800-810-BLUE (2583)**. A medical assistance coordinator, along with a nurse, will make a doctor's appointment for you or arrange for hospitalization if necessary.

# Your Medical Benefits

Covered Services	Your Cost
<b>Preventive Health Care</b>	
Routine pediatric care according to age-based schedule through age 17	\$20 per visit, no deductible
Routine adult physical exams according to age-based schedule	Charges over the \$75 allowance, no deductible
<b>Outpatient Care</b>	
Physicians', chiropractors', and podiatrists' office visits	\$20 per visit, no deductible
Allergy injections in a physician's office or health center	\$20 per visit, no deductible
Diagnostic X-rays and other tests, excluding MRI, CT scans, and PET	Nothing
MRI, CT scans, and PET	20% co-insurance after deductible
Laboratory tests, including one routine Pap smear test per calendar year	Nothing
Short-term rehabilitation therapy (physical and occupational) <ul style="list-style-type: none"> <li>Office or health center</li> <li>Hospital outpatient department</li> </ul>	\$20 per visit, no deductible 20% co-insurance after deductible
Speech, hearing, and language disorder treatment <ul style="list-style-type: none"> <li>Office or health center</li> <li>Hospital outpatient department</li> </ul>	\$20 per visit, no deductible 20% co-insurance after deductible
Home health care, including hospice care	20% co-insurance after deductible
Durable medical equipment (such as wheelchairs, crutches, hospital beds)	20% co-insurance after deductible
Surgery and related anesthesia <ul style="list-style-type: none"> <li>Office or health center</li> <li>Hospital or day surgery facility</li> </ul>	\$20 per visit, no deductible 20% co-insurance after deductible
<b>Inpatient Care (including maternity care)</b>	
Care in a general, chronic disease, or rehabilitation hospital, or skilled nursing facility (for as many days as medically necessary)	20% co-insurance after deductible
Semiprivate room and board	20% co-insurance after deductible
Physicians' services	20% co-insurance after deductible
<b>Emergency Care</b>	
<ul style="list-style-type: none"> <li>Office or health center</li> <li>Hospital emergency room or outpatient department</li> </ul>	\$20 per visit, no deductible 20% co-insurance after deductible
<b>Mental Health and Substance Abuse Treatment</b>	
<b>Biologically based conditions*</b>	
Inpatient admissions in a general or mental hospital	20% co-insurance after deductible
Outpatient visits <ul style="list-style-type: none"> <li>Office or mental health facility</li> <li>Hospital outpatient department</li> </ul>	\$20 per visit, no deductible 20% co-insurance after deductible
<b>Non-biologically based mental conditions (includes drug addiction and alcoholism)</b>	
Inpatient admissions in a general hospital	20% co-insurance after deductible
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	20% co-insurance after deductible
Outpatient visits (up to 24 visits per calendar year) <ul style="list-style-type: none"> <li>Office or mental health facility</li> <li>Hospital outpatient department</li> </ul>	\$20 per visit, no deductible 20% co-insurance after deductible
<b>Alcoholism treatment (in addition to non-biologically based mental conditions)</b>	
Inpatient admissions in a general hospital	20% co-insurance after deductible
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	20% co-insurance after deductible
Outpatient visits (up to 8 visits per calendar year)** <ul style="list-style-type: none"> <li>Office or mental health facility</li> <li>Hospital outpatient department</li> </ul>	\$20 per visit, no deductible 20% co-insurance after deductible

\* 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 each calendar year.

## Your Medical Benefits (continued)

Covered Services	Your Cost
<b>Prescription Drug Benefit</b> At designated retail pharmacies (up to a 30-day formulary supply for each prescription/refill or supply)	<b>No Deductible</b> \$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3
Through mail service drug program (up to a 90-day formulary supply for each prescription/refill or supply)	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3

## 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 **1-800-831-8730** to receive our *Healthy Blue* booklet, which outlines these special programs.

LIVING HEALTHY <i>Babies</i> ®	No charge
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 <b>1-888-247-BLUE (2583)</b>	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 <b>www.AHealthyMe.com</b> for an around-the-clock healthy approach to fitness, family, and fun	No charge
Member Self Service on <b>bluecrossma.com</b> —to help you manage your health care	No charge

## Questions? Call 1-800-831-8730.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at [www.bluecrossma.com](http://www.bluecrossma.com).

**Limitations and Exclusions.** These pages highlight some of the benefits under your Comprehensive Major Medical plan. The subscriber certificate and riders define the terms and conditions of your coverage. Should any questions arise concerning benefits, the subscriber certificate will govern. Some of the services we don't cover are: custodial care; cosmetic surgery; contact lenses; hearing aids, or the exams to prescribe, fit, or change them; most dental care; and any services covered by workers' compensation. For a complete listing of limitations and exclusions, refer to your subscriber certificate. In Massachusetts, benefits are provided only when a covered service or supply is furnished by a participating provider (except emergencies).