



MASSACHUSETTS

SUMMARY OF BENEFITS



Plan for Out-of-Country Residents

Plan-Year Deductible: \$250/\$500

Boston University

 This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

About the Plan

The BlueCard® Program

When you are abroad and need medical care, you may find participating providers through the BlueCard Worldwide Program. Call **1-800-810-BLUE (2583)**. A medical assistance coordinator, along with a nurse, can make a doctor's appointment for you or arrange for hospitalization if necessary.

The BlueCard Program also gives you access to participating providers throughout the United States. There are no claims to submit, no paperwork, and no up-front costs. You need only go to a BlueCard participating doctor or hospital and show your ID card when you need care. You simply pay your deductible and coinsurance as usual. If you choose to see a non-participating provider, you may have to file the claim yourself to be reimbursed for your expenses.

Note: participating providers are restricted from billing you for the balance of their charges that exceed the negotiated discount amount except as provided otherwise by law.

To find a participating provider outside of Massachusetts or to check a provider's current status:

- Call **1-800-810-BLUE (2583)**. 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 your area.
- Visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com/findadoctor and select the indemnity network.

Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **\$250** per member (or **\$500** per family).

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for the deductible, copayments, and coinsurance for covered medical services. Your out-of-pocket maximum is **\$2,500** per member (or **\$5,000** per family). This out-of-pocket maximum does not apply to prescription drug benefits administered by your employer.

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). You pay a copayment for emergency room services. See the chart on the opposite page for your cost share.

Utilization Review Requirements

You must follow the requirements of Utilization Review, including Pre-Admission Review, Pre-Service Approval for certain outpatient services, Concurrent Review and Discharge Planning, and Individual Case Management. For detailed information about Utilization Review, see your benefit description. 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 of Massachusetts and receive pre-approval, your benefits may be reduced or denied.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost
Preventive Care Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • Ten visits during the first year of life • Three visits during the second year of life (age 1 to age 2) • Two visits for age 2 • One visit per calendar year for age 3 and older 	Nothing, no deductible
Routine adult physical exams, including related tests (one per calendar year)	Nothing, no deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible
Routine hearing exams	Nothing, no deductible
Routine vision exams (one every 12 months)	Nothing, no deductible
Family planning services—office visits	Nothing, no deductible
Outpatient Care Emergency room visits	\$100 per visit, no deductible (copayment waived if admitted or for observation stay)
Clinic visits; physicians' or podiatrists' office visits	\$30 per visit, no deductible
Chiropractors' office visits (up to 20 visits per calendar year)	\$30 per visit, no deductible
Mental health or substance abuse treatment	\$30 per visit, no deductible
Diagnostic X-rays, lab tests, and other tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	10% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	10% coinsurance after deductible*
Home health care and hospice services	10% coinsurance after deductible
Oxygen and equipment for its administration	10% coinsurance after deductible
Prosthetic devices	10% coinsurance after deductible
Short-term rehabilitation therapy—physical, occupational and speech (up to 60 visits per calendar year)	\$30 per visit, no deductible
Surgery and related anesthesia, when performed in: <ul style="list-style-type: none"> • An office setting • An ambulatory surgical facility, hospital outpatient department, or surgical day care unit 	\$30 per visit**, no deductible 10% coinsurance after deductible
Inpatient Care (including maternity care) General or chronic disease hospital care (as many days as medically necessary)	10% coinsurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	10% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	10% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	10% coinsurance after deductible

* Cost share waived for one breast pump per birth.

** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Get the Most from Your Plan

Visit us at www.bluecrossma.com/membercentral or call 1-800-814-4371 to learn about discounts, savings, resources, and special programs like those listed below that are available to you.

Wellness Participation Program Reimbursement for a membership at a health club or for fitness classes This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal fitness centers. (See your benefit description for details.)	\$150 per calendar year per policy
Reimbursement for participation in a qualified weight loss program This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue Shield of Massachusetts designated weight loss program. (See your benefit description for details.)	\$150 per calendar year per policy
Blue Care Line SM —A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

Questions?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-814-4371, or visit us online at www.bluecrossma.com. Interested in receiving information from us via e-mail? Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: prescription drugs for use outside of the hospital; cosmetic surgery; custodial care; hearing aids for members over age 21; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. In Massachusetts, benefits are provided only when a covered service or supply is furnished by a participating provider (except emergencies).

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