MASSACHUSETTS

SUMMARY OF BENEFITS

Master Medical®´

Town and County of Nantucket

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

You Are Free to Choose

With Master 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 of Massachusetts. There are no claim forms for services you receive in Massachusetts by a participating provider. With your health care plan, 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.

How To Find a Provider

To find a participating provider within Massachusetts:

- Visit the Blue Cross Blue Shield of Massachusetts website at **www.bluecrossma.com/findadoctor** and select the indemnity network
- Call the Physician Selection Service at **1-800-821-1388**

The BlueCard® Program

The BlueCard Program 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. 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.

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 Deductible

Your deductible is the amount of money you pay out-of-pocket each calendar quarter before you can receive coverage for most benefits under this plan. Your deductible is the first **$100** of covered charges per member (or **$300** per family).

This deductible does not apply to members who have an approved Prolonged Illness Condition. Most covered services for Prolonged Illness Conditions are covered in full, based on the allowed charge. Refer to the benefit description for a detailed description of Prolonged Illness Conditions, allowed charge, and how your deductible and coinsurance are calculated.

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 services. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts.

Your out-of-pocket maximum for medical benefits is **$5,000** per member (or **$10,000** per family). Your out-of-pocket maximum for prescription drug benefits is **$1,000** per member (or **$2,000** per family).

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 per visit for emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. 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: • Six visits during the first year of life • Three visits during the second year of life • 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 24 months)	Nothing, no deductible
Family planning services–office visits	Nothing, no deductible
Outpatient Care Emergency room services	$25 per visit, no deductible (waived if admitted or for observation stay)
Medical care services • Hospital, limited services clinic, or health center services • Physician and other professional provider services	Nothing, no deductible 20% coinsurance after deductible
Chiropractors' office visits	20% coinsurance after deductible
Mental health and substance abuse treatment	Nothing, no deductible
Durable medical equipment–such as wheelchairs, crutches, hospital beds	20% coinsurance after deductible*
Oxygen and equipment for its administration	20% coinsurance after deductible
Prosthetic devices	20% coinsurance after deductible
Short-term rehabilitation therapy–physical, occupational, and speech • Hospital or health center services • Physician and other covered professional provider services	Nothing, no deductible 20% coinsurance after deductible
Diagnostic X-rays, lab tests, and other tests, excluding MRIs, CT scans, PET scans, and nuclear cardiac imaging tests	Nothing, no deductible (20% coinsurance after deductible for physician and other professional provider services for certain machine tests)
MRIs, CT scans, PET scans, and nuclear cardiac imaging tests	$100 per category of test per date of service, no deductible
Home health care services	20% coinsurance after deductible**
Hospice services	Nothing, no deductible
Surgery and related anesthesia • Office setting • Ambulatory surgical facility, hospital, or surgical day care unit	Nothing, no deductible $150 per admission, no deductible
Inpatient Care (including maternity care) General or chronic disease hospital care (as many days as medically necessary)	$300 per admission***, no deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	$300 per admission***, no deductible
Rehabilitation hospital care (as many days as medically necessary)	Nothing, no deductible
Skilled nursing facility care (as many days as medically necessary)	Nothing, no deductible

* Cost share waived for one breast pump per birth.

** Cost share waived when services are furnished after discharge from an inpatient admission.

*** Copayments limited to $600 per member (or $900 per family) in a plan year for all inpatient admissions.

Prescription Drug Benefits*	Your Cost**
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	No deductible $10 for Tier 1*** $25 for Tier 2 $50 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	No deductible $20 for Tier 1*** $50 for Tier 2 $110 for Tier 3

* Tier 1 generally refers to generic drugs; Tier 2 generally refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.
** Cost share waived for certain orally-administered anticancer drugs.
*** Cost share waived for birth control.

Get the Most from Your Plan

Visit us at **www.bluecrossma.com/membercentral** or call **1-800-782-3675** to learn about discounts, savings, resources, and special programs 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℠—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 **1-800-782-3675,** 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: 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).

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

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