



# Network Blue New England<sup>SM</sup>

## Summary of Benefits

Effective July 1, 2012

Scantic Valley Trust



✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect as of January 1, 2011, as part of the Massachusetts Health Care Reform Law.

# Your Care

## Your Primary Care Provider.

When you enroll in Network Blue New England, you must choose a primary care provider (PCP) for you and each member of your family from any New England state. There are several ways to find a PCP: visit the Blue Cross Blue Shield of Massachusetts website at [www.bluecrossma.com](http://www.bluecrossma.com); consult the Provider Directory; or call our Physician Selection Service at **1-800-821-1388**. If you have trouble choosing a doctor, the Physician Selection Service can help. We can tell you whether a doctor is male or female, the medical school(s) he or she attended, and if any languages other than English are spoken in the office.

## Referrals You Can Feel Better About.

Your PCP is the first person you call when you need routine or sick care (see *Emergency Care—Wherever You Are* for emergency care services). If you and your PCP decide that you need to see a specialist for covered services, your PCP will refer you to an appropriate network specialist. The specialist will usually be one your PCP knows, probably someone affiliated with your PCP's hospital or medical group. Your provider may also work with Blue Cross Blue Shield concerning the Utilization Review Requirements, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your benefit description.

## Your Out-of-Pocket Maximum.

When the money you pay for any copayments equals **\$2,000** for a member in a plan year (or **\$4,000** per family), benefits for that member (or that family) will be provided in full for those covered services, based on the allowed charge, for the rest of that plan year. The money you pay for prescription drug benefits is not included in calculating the out-of-pocket maximum. You will still have to pay any costs that are not included in calculating the out-of-pocket maximum.

## Emergency Care—Wherever You Are.

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 **\$100** copayment per visit for emergency room services. This copayment is waived if you're admitted to the hospital or for an observation stay.

## Service Area.

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine.

## When Outside the Service Area.

If you're traveling outside the service area and you need urgent or emergency care, go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. Please see your benefit description for more information.

## Dependent Benefits.

This plan covers dependents up to age 26, regardless of the dependent's financial dependency, student status, or employment status. Please see your benefit description (and riders, if any) for exact coverage details.

# Your Medical Benefits

Covered Services	Your Cost
<b>Outpatient Care</b> Emergency room visits	\$100 per visit (waived if admitted or for observation stay)
Well-child care visits	Nothing
Preventive dental care for children under age 12 (one visit each six months)	Nothing
Routine adult physical exams, including related tests	Nothing
Routine GYN exams, including related lab tests (one per calendar year)	Nothing
Routine hearing exams	Nothing
Routine vision exams (one every 12 months)	Nothing
Family planning services—office visits	Nothing
Mental health and substance abuse treatment	\$20 per visit
Office visits <ul style="list-style-type: none"> <li>• When performed by your PCP, OB/GYN, network nurse practitioner, or nurse midwife</li> <li>• When performed by other network providers</li> </ul>	\$20 per visit \$35 per visit
Short-term rehabilitation therapy—physical and occupational (up to 60 visits per calendar year*)	\$35 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit
Diagnostic X-rays, lab tests, and other tests, excluding CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category per date of service**
Home health care and hospice services	Nothing
Oxygen and equipment for its administration	Nothing
Prosthetic devices	20% co-insurance
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% co-insurance
Surgery and related anesthesia <ul style="list-style-type: none"> <li>• Office setting <ul style="list-style-type: none"> <li>– When performed by your PCP or OB/GYN</li> <li>– When performed by other network providers</li> </ul> </li> <li>• Ambulatory surgical facility, hospital, or surgical day care unit</li> </ul>	\$20 per visit \$35 per visit \$150 per admission
<b>Inpatient Care (including maternity care)</b> General or chronic disease hospital care (as many days as medically necessary)	\$500 per admission
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$500 per admission
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing
Skilled nursing facility care (up to 100 days per calendar year)	Nothing

\* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

\*\* When the copayments for CT scans, MRIs, PET scans, and/or nuclear cardiac imaging tests add up to the total of \$375 per member in a calendar year, you pay nothing for these tests for the remainder of that calendar year.

# Your Medical Benefits (continued)

Covered Services	Your Cost
<b>Prescription Drug Benefits</b> At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$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)	\$20 for Tier 1 \$50 for Tier 2 \$110 for Tier 3

## Get the Most from Your Plan

Visit us at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral) or call 1-800-932-8323 to learn about discounts, savings, resources, and special programs like those listed below that are available to you.

A Fitness Benefit toward membership at a health club (see your benefit description for details)	\$150 per year, per individual/family
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	\$150 per year, per individual/family
Blue Care Line <sup>SM</sup> to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No additional charge

## Questions? Call 1-800-932-8323.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at [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 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: chiropractic services; cosmetic surgery; custodial care; hearing aids; 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. **Please note:** Blue Cross and Blue Shield of Massachusetts, Inc., administers claims payment only and does not assume financial risk for claims.