

MANAGED BLUE FOR SENIORS

NO PRESCRIPTION DRUG COVERAGE

Scantic Valley Trust

UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND BENEFITS



CLAIMS AND BALANCES

Sign in

Download the app, or create an account at bluecrossma.org.



This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance; however, the Commonwealth of Massachusetts has stated that enrollment in Original Medicare (Medicare Part A and Medicare Part B) satisfies these standards.

YOUR CARE

With Managed Blue for Seniors, you have the convenience of selecting a doctor who is close to your home. Your primary care physician attends to all of your health care needs, including hospital services and referrals to specialists.

And we make health care easy. With Managed Blue for Seniors, there are no forms to fill out and no waiting for insurance checks. In most cases, you're covered either in full or with just a copayment.

WHEN YOU TRAVEL, YOU'RE COVERED

As a member of Managed Blue for Seniors, you'll receive a Blue Cross and Blue Shield ID card. It's one of the most recognized health care cards anywhere. So, if you have a medical emergency away from home, you won't have to worry about an out-of-town hospital not recognizing your coverage. You're covered for an emergency room visit and one medically necessary follow-up visit with a copayment for each. The emergency room copayment is waived if you are admitted to the hospital or for an observation stay.

YOUR MEDICAL BENEFITS

Covered Services	Your Cost
Outpatient Care	
Routine office visits	\$10 per visit
Routine vision exams (one per calendar year)	\$10 per visit
Allergy care and testing	\$10 per visit
Cardiac rehabilitation services	\$10 per visit
Chiropractor services	\$10 per visit
Immunizations and injections	Nothing
Diagnostic tests	Nothing
X-rays and lab tests	Nothing
Limited oral surgery	\$10 per visit
(If you visit a specialist, you will need a referral from your primary care physician in order to receive full benefits. Otherwise your coverage will be limited to Medicare benefits only.)	
Inpatient Care	
Semiprivate room and board	Nothing
Physician care	Nothing
Surgical services	Nothing
Prescription drugs	Nothing
Emergency Room Services (Within the Service Area)	
Emergency room services for an unforeseen illness or injury. (copayment waived if admitted or for an observation stay)	\$50 per visit
Emergency Room Services (Outside the Service Area)	
Emergency room services for an unforeseen illness or injury. One medically necessary follow-up visit is also available (copayment applies). (You must notify the Plan within 48 hours; copayment waived if admitted or for an observation stay)	\$50 per visit

YOUR MEDICAL BENEFITS

Covered Services	Your Cost
Mental Health and Substance Use Treatment*	
Biologically Based Mental Conditions** <ul style="list-style-type: none"> • Inpatient admissions in a network general or mental hospital • Outpatient visits (No limit) 	Nothing \$10 per visit
Non-Biologically Based Mental Conditions <ul style="list-style-type: none"> • Inpatient admissions in a network general hospital • Inpatient admissions in a network mental hospital or substance use facility (after Medicare days end, up to 60 days per calendar year) • Outpatient visits covered by Medicare and up to 24 visits per calendar year when not covered by Medicare 	Nothing Nothing \$10 per visit
Alcoholism Treatment <ul style="list-style-type: none"> • Inpatient admissions in a network general hospital • Inpatient admissions in a network mental hospital or substance use facility (after Medicare days end, up to 60 days per calendar year plus 30 more days per calendar year) • Outpatient visits covered by Medicare (after Medicare days end, up to 24 visits per calendar year plus 8 more visits per calendar year with a value of at least \$500) 	Nothing Nothing \$10 per visit
Additional Benefits	
Medicare-approved yearly gynecological exams	\$10 per visit
Medicare-approved ambulance service when medically necessary per one-way transport (copayment waived for emergency transport)	\$40 copayment
Skilled nursing facility (100 days per benefit period)	Nothing
Rehabilitation hospital (365 days in a lifetime, after Medicare days end)	Nothing
Medicare-approved home health care as requested by a Managed Blue for Seniors physician	Nothing
Medicare-approved outpatient physical, speech/language pathology, and occupational therapy	\$10 per visit
Medicare-approved durable medical equipment	\$10 per item

* You must call 1-800-524-4010 for referrals.

** 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 COVERED PREVENTIVE SERVICES

Medicare provides coverage for certain preventive services at no cost to members, for example, yearly wellness visit, flu shots, mammography, Pap test, and PSA tests. For the current list of covered preventive services, please refer to your Medicare & You handbook or go to [medicare.gov](https://www.medicare.gov).


Get the Most from Your Plan: Visit us at bluecrossma.org or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs (see your plan description for details)

\$150 per year, per individual

Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program (see your plan description for details)

\$150 per year, per individual

 **24/7 Nurse Line:** Speak to a registered nurse, day or night, to get immediate guidance and advice. 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 bluecrossma.org.

Limitations and Exclusions. These pages summarize 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. Some services not covered include cosmetic surgery, custodial care, experimental procedures, pain clinics, personal comfort items and services, prescription drugs for use outside of the hospital, and most dental care, unless otherwise outlined. For a complete list of limitations and exclusions, refer to your plan description and riders.

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمار تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíiji' béésh bee hodíłnih (TTY: 711).