



Medex® Core
Medex® Sapphire
Medex® Bronze

A black and white photograph of a woman with her hair in a bun, wearing safety glasses on her head and an apron over a white tank top. She is standing in what appears to be a workshop or factory. A large, semi-transparent blue cross and shield graphic is overlaid on the left side of the image.

FREEDOM OF CHOICE SOLUTIONS TO SUPPLEMENT MEDICARE

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.



**With Medex® from Blue Cross Blue Shield
of Massachusetts, the choice is yours.**

**Our plan options let you choose
what you need from your health plan.**



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THE FREEDOM OF MEDEX

Many people who enroll in Original Medicare are surprised to learn that it doesn't provide the coverage they expect. After all, deductibles, co-insurance, and gaps in health care coverage can amount to thousands of dollars in expenses a year. That's why so many Massachusetts residents turn to Blue Cross Blue Shield of Massachusetts.

Medex, our family of Medicare supplement plans, is designed to add real value and flexibility to your Medicare solution. Medex helps you save money by lowering your out-of-pocket expenses. It also fills the gaps in Original Medicare coverage and gives you the power to see any Medicare provider in the country without a referral.

With Medex, you'll gain access to benefit features, including:



The versatility
of worldwide coverage



Medex Core, Sapphire,
and Bronze members
are entitled to a fitness benefit
(\$150 a year) and weight-loss
benefit (\$150 a year)



The peace of mind
of a Blue Cross Blue Shield
of Massachusetts ID card—the
most recognized ID card
in health care today

Please take a moment to review this easy-to-follow booklet. We'll explain everything you need to know about Medicare supplement plans and Medex. If you have any questions about coverage—or if you think Medex is right for you—call us toll-free at **1-800-678-2265** (TTY: **711**).

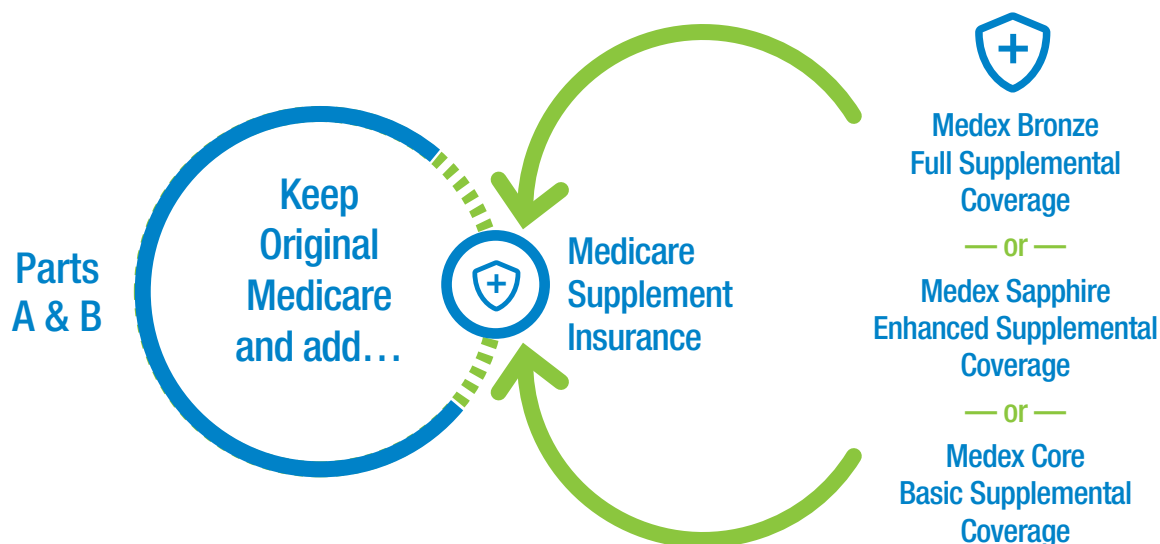
Our office hours are Monday through Friday,
8:00 a.m. to 5:00 p.m. ET. You can also visit our website
at bluecrossma.com/medicare for more information.

AN INTRODUCTION TO MEDEX

Medex is a Medicare supplement plan offered by Blue Cross Blue Shield of Massachusetts. It can be added to Medicare Part A and Part B coverage to fill “gaps” in your Medicare coverage.

As a supplemental insurance plan, Medex helps cover health care expenses left over after Medicare has covered its portion of costs.

Medex offers you a choice of three plans with varying coverage levels and premiums, making it easy to find a plan that meets your unique needs.



Depending on which option you choose, Medex may cover some or virtually all of Medicare cost-sharing amounts, or “gaps,” as well as some services not covered by Medicare. You’ll learn more about Medicare cost-sharing amounts in the next few pages.

We’ll also help you determine which Medex plan is right for you by discussing what each plan covers and comparing costs.

But let’s begin by exploring what Medicare actually is and how you might benefit from a Medex supplemental plan.



**Important: If you haven't enrolled in Medicare,
it's recommended that you contact
your local Social Security office
three months prior to your 65th birthday.**

WHAT IS ORIGINAL MEDICARE?

Original Medicare is a federally funded health insurance plan. It's designed for people age 65 or older and some disabled people under age 65.

Original Medicare has two parts:



Medicare Part A

(Hospital insurance) pays for inpatient hospital expenses.

Services covered:

Facility Care

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health services



Medicare Part B

(Medical insurance) pays for outpatient hospital charges, doctor visits, and many other medical services not covered by Part A.

Services covered:

Medical Expenses

- Doctors' services
- Physical and speech therapy
- Diagnostic tests
- Ambulance trips
- Durable medical equipment
- Diabetic testing supplies

MEDICARE COVERAGE

(Without Supplemental Insurance)

Why Do I Need to Supplement Medicare?

Although Medicare pays a large portion of your medical expenses, you're responsible for the remaining costs. Also, Medicare doesn't cover all medical services in all situations.

Here are some important things to know about Medicare:

- You may have to pay deductible and co-insurance costs. When Medicare covers a service, you often must pay for a portion of the cost. Your portion is referred to as a deductible or co-insurance. Deductibles are the amount you're responsible for before Medicare begins to pay, and they're subject to change from year to year. After your deductible is paid, you may need to pay an additional amount—usually 20 percent of the cost for the service, called co-insurance.
- In most cases, Medicare doesn't cover you outside the United States, even in the event of an emergency. Please refer to the chart on page 6 for an illustration of Medicare coverage that's not supplemented with a Medex plan. The chart highlights Medicare's benefits, deductible, and co-insurance costs, and some of the services Medicare doesn't cover.
- Expenses that aren't covered by Medicare are often referred to as "gaps." Medicare supplement ("Medigap") plans, such as Medex, help to fill in these coverage gaps. They help you pay Medicare's deductible and co-insurance costs, and cover certain services Medicare doesn't.

Please refer to the charts on pages 7 through 14 for coverage when Medicare is combined with a Medex plan.

These Medicare benefits are effective January 1, 2021.
 Medicare deductibles and co-insurances are subject to change each year.

Medicare Part A		Your Cost
Inpatient Hospital Care		
Days 1–60 each benefit period: 100% coverage after you pay the \$1,484 deductible		\$1,484 deductible
Days 61–90 each benefit period: 100% coverage after you pay \$371 per day co-insurance		\$371 per day co-insurance
Days 91–150 (60 lifetime reserve days): 100% coverage after you pay \$742 per day co-insurance		\$742 per day co-insurance
Days 150+: no coverage		All costs after 150 days
Skilled Nursing Facility Care		
Days 1–20 each benefit period: 100% coverage		No cost
Days 21–100 each benefit period: 100% coverage after you pay \$185.50 per day co-insurance		\$185.50 per day co-insurance
No coverage after 100 days in a benefit period		All costs after 100 days

Medicare Part B		Your Cost
Medical Expenses	<ul style="list-style-type: none"> • Ambulance • Diagnostic tests • Diabetic testing supplies 	<ul style="list-style-type: none"> • Doctors' services • Durable medical equipment • Physical & speech therapy
Coverage begins after you pay the \$203 calendar-year deductible		\$203 deductible
Medicare covers 80% of the Medicare-approved amount; you pay 20% co-insurance		20% co-insurance
Prescription Drugs		
Members may voluntarily purchase Medicare Part D, which covers prescription drugs (unless the drug is covered under Part B)		Most outpatient prescription costs
Routine Services and Preventive Care		
100% coverage for specific Medicare preventive services. A complete listing is found on the Medicare website, medicare.gov		No cost when Medicare covers the preventive service in full and provider accepts assignment
Travel Outside the United States		
No coverage for medical costs incurred outside the United States		All costs

MEDICARE COVERAGE

(Combined with a Medex Core Plan)

	Days	Medicare	Medex Core (Medicare Supplement Core)
Hospital Services	1–60	Coverage for 60 days, after the \$1,484 deductible ¹	Coverage for Medicare daily co-insurance after you pay \$1,484 Part A deductible
	61–90	Coverage for 61–90 days, after \$371 daily co-insurance	
	Lifetime Reserve	Coverage for an additional 60 lifetime reserve days, after \$742 daily co-insurance	Full coverage for lifetime reserve co-insurance, then an additional 365 days per lifetime when Medicare benefits end
Skilled Nursing Facility	1–20	Full coverage for 20 days in a Medicare-participating facility	Covered by Medicare
	21–100	Coverage for days 21–100, after \$185.50 daily co-insurance	No coverage
	101+	No coverage after 100 days	No coverage
Physician and Other Provider Services Care in the Hospital		80% coverage of approved services, after the \$203 annual Part B deductible	Coverage of 20% co-insurance, after you pay \$203 annual Part B deductible
Physician and Other Provider Services Outpatient Department Visits, Office Visits, and Patient Home Visits		80% coverage of approved services, after the \$203 annual Part B deductible	Coverage of 20% co-insurance, after you pay \$203 annual Part B deductible
Other Part B Services Ambulance Trips, Durable Medical Equipment, Etc.		80% coverage of approved services, after the \$203 annual Part B deductible	Coverage of 20% co-insurance, after you pay \$203 annual Part B deductible

Note: Although the \$203 calendar-year Medicare medical insurance (Part B) deductible appears more than once in this benefit chart, only one \$203 deductible is applicable in a calendar year. The Medex policy defines the terms and conditions of all the Medex plans in greater detail. Should any questions arise concerning benefits, the Medex policy will govern.

This chart doesn't include all Medicare benefits. Please refer to the *Medicare & You* handbook published by the Centers for Medicare and Medicaid Services for more information about Medicare benefits, or call **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**). You can also visit [cms.gov](https://www.cms.gov) for more information.

Refer to the Index on page 20 for an explanation of the footnotes above.

MEDICARE COVERAGE

(Combined with a Medex Sapphire Plan)

	Days	Medicare	Medex Sapphire (Medicare Supplement 1A)
Hospital Services	1–60	Coverage for 60 days, after the \$1,484 deductible ¹	Full coverage of Medicare deductible and co-insurance
	61–90	Coverage for 61–90 days, after \$371 daily co-insurance	
	Lifetime Reserve	Coverage for an additional 60 lifetime reserve days, after \$742 daily co-insurance	Full coverage for lifetime reserve co-insurance, then an additional 365 days per lifetime when Medicare benefits end
Skilled Nursing Facility	1–20	Full coverage for 20 days in a Medicare-participating facility	Covered by Medicare
	21–100	Coverage for days 21–100, after \$185.50 daily co-insurance	Full coverage for Medicare daily co-insurance for days 21–100
	101+	No coverage after 100 days	\$10 a day for days 101–365 ² at a Medicare-participating facility
Physician and Other Provider Services Care in the Hospital		80% coverage of approved services, after the \$203 annual Part B deductible	Coverage of 20% co-insurance, after you pay \$203 annual Part B deductible
Physician and Other Provider Services Outpatient Department Visits, Office Visits, and Patient Home Visits		80% coverage of approved services, after the \$203 annual Part B deductible	Coverage of 20% co-insurance, after you pay \$203 annual Part B deductible
Other Part B Services Ambulance Trips, Durable Medical Equipment, Etc.		80% coverage of approved services, after the \$203 annual Part B deductible	Coverage of 20% co-insurance, after you pay \$203 annual Part B deductible

Continued

Refer to the Index on page 20 for an explanation of the footnotes above.

MEDICARE COVERAGE

(Combined with a Medex Bronze Plan)

	Days	Medicare	Medex Bronze (Medicare Supplement 1)
Hospital Services	1–60	Coverage for 60 days, after the \$1,484 deductible ¹	Full coverage of Medicare deductible and co-insurance
	61–90	Coverage for 61–90 days, after \$371 daily co-insurance	
	Lifetime Reserve	Coverage for an additional 60 lifetime reserve days, after \$742 daily co-insurance	Full coverage for lifetime reserve co-insurance, then an additional 365 days per lifetime when Medicare benefits end
Skilled Nursing Facility	1–20	Full coverage for 20 days in a Medicare-participating facility	Covered by Medicare
	21–100	Coverage for days 21–100, after \$185.50 daily co-insurance	Full coverage for Medicare daily co-insurance for days 21–100
	101+	No coverage after 100 days	\$10 a day for days 101–365 ² at a Medicare-participating facility
Physician and Other Provider Services Care in the Hospital		80% coverage of approved services, after the \$203 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Physician and Other Provider Services Outpatient Department Visits, Office Visits, and Patient Home Visits		80% coverage of approved services, after the \$203 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Other Part B Services Ambulance Trips, Durable Medical Equipment, Etc.		80% coverage of approved services, after the \$203 annual Part B deductible	Full coverage of Medicare deductible and co-insurance

Refer to the Index on page 20 for an explanation of the footnotes above.

These Medicare benefits are effective January 1, 2021.
 Medicare deductibles and co-insurances are subject to change each year.

		Medicare	Medex Core, Medex Sapphire & Medex Bronze
Biologically Based Mental Conditions ¹	Inpatient Admissions in a General Hospital or Mental Hospital	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period, after the \$1,484 inpatient deductible² • Coverage for days 61–90, after \$371 daily co-insurance • Coverage for an additional 60 lifetime reserve days, after \$742 daily co-insurance • Coverage for mental hospital admissions is limited to 190 days per lifetime 	<ul style="list-style-type: none"> • Full coverage of the Medicare deductible³ and co-insurance • Full coverage of lifetime reserve days co-insurance • Full coverage of up to 365 additional hospital days in your lifetime when Medicare benefits end⁴
	Outpatient Visits	<ul style="list-style-type: none"> • Full benefits, less the Part B deductible and the Part B co-insurance 	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare deductible⁵ and co-insurance with no visit maximum • When not covered by Medicare, full Medex benefits with no visit maximum

Refer to the Index on page 20 for an explanation of the footnotes above.

MEDICARE COVERAGE

(Combined with a Medex Plan)

		Medicare	Medex Core, Medex Sapphire & Medex Bronze
Non-Biologically Based Mental Conditions (includes drug addiction and alcoholism)	Inpatient Admissions in a General Hospital	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period, after the \$1,484 inpatient deductible¹ • Coverage for days 61–90, after \$371 daily co-insurance • Coverage for an additional 60 lifetime reserve days, after \$742 daily co-insurance • Coverage for mental hospital admissions is limited to 190 days per lifetime 	<ul style="list-style-type: none"> • Full coverage of the Medicare deductible² and co-insurance • Full coverage of lifetime reserve days co-insurance • Full coverage of up to 365 additional hospital days in your lifetime when Medicare benefits end³
	Inpatient Admissions in a Mental Hospital	<ul style="list-style-type: none"> • Same coverage as general hospital, but coverage limited to 190 days per lifetime 	<ul style="list-style-type: none"> • Full coverage of Medicare deductible² and co-insurance • Full coverage of lifetime reserve day co-insurance • When Medicare days are used up, 120 days per benefit period (at least 60 days per calendar year), less any days in a mental hospital already covered by Medicare or Medex in that benefit period (or calendar year)
	Outpatient Visits	<ul style="list-style-type: none"> • Full benefits, less the Part B deductible and the Part B co-insurance 	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Part B deductible⁴ and co-insurance with no visit maximum • When not covered by Medicare, full Medex benefits with no visit maximum

Refer to the Index on page 20 for an explanation of the footnotes above.

These Medicare benefits are effective January 1, 2021.
 Medicare deductibles and co-insurances are subject to change each year.

	Medicare	Medex Core, Medex Sapphire & Medex Bronze
Travel Outside the United States.	No Coverage	Full Coverage (same as in United States)
Fitness Benefit	No Coverage	Medex members may receive up to \$150 per calendar year in qualified health club membership fees and exercise classes
Weight-loss Benefit	No Coverage	Medex members may receive up to \$150 per calendar year when enrolled in a qualified weight-loss program
	Medicare	Medex Core and Medex Sapphire
Diabetic Testing Supplies ¹	80% coverage of approved services, after \$203 annual Part B deductible	For blood glucose monitoring equipment and supplies covered by Medicare: <ul style="list-style-type: none"> • Coverage for Medicare co-insurance For urine-testing materials (not covered by Medicare): <ul style="list-style-type: none"> • 100% coverage of allowed charges
	Medicare	Medex Bronze
Diabetic Testing Supplies ¹	80% coverage of approved services, after \$203 annual Part B deductible	For blood glucose monitoring equipment and supplies covered by Medicare: <ul style="list-style-type: none"> • Coverage for Medicare deductible and co-insurance For urine-testing materials (not covered by Medicare): <ul style="list-style-type: none"> • 100% coverage of allowed charges

Refer to the Index on page 20 for an explanation of the footnotes above.

MEDEX COVERAGE WELLNESS PROGRAMS

Fitness Benefit

When a member is enrolled in a qualified health club or fitness facility, they can receive up to \$150 per calendar year toward club membership fees and exercise classes.

Qualifying programs include:

- Health clubs with a variety of cardiovascular and strength-training exercise equipment—e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers
- Fitness studios with instructor-led group classes such as yoga, Pilates, Zumba® kickboxing, indoor cycling/spinning, and other exercise programs
- Virtual/on-line fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength-training using a digital platform.
- Fitness classes available at participating Councils on Aging facilities

Programs that DO NOT qualify:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness equipment or clothing

Earn Up To \$150 (per calendar year)
when a member is enrolled in a qualified
fitness or weight-loss program.
(See details for qualifying programs.)

Weight-Loss Benefit

When a member is enrolled in a qualified weight-loss program, they can receive up to \$150 per calendar year toward program fees.

Qualifying programs include:

- Traditional WW (formerly known as Weight Watchers®) meetings, WW At Work, WW online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists
- Hospital based weight-loss programs

Programs that DO NOT qualify:

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions (see your health plan coverage)

HOW MEDEX WORKS

With Medex, you show two cards when you receive medical care: your Medicare card and your Medex card. Medicare pays first.

Medex plans have many advantages

- You can seek care from any Medicare physician or hospital throughout the United States.
- You don't need to choose a PCP.
- You don't need to get referrals for specialty care.
- There are no copayments for physician services.
- You can adjust your Medex coverage at any time during the year. Your coverage in the new plan will begin the first of the month following receipt of your request to change plans.*
- Your Blue Cross Blue Shield of Massachusetts ID card is recognized around the world.

Am I Eligible for Medex?

You don't need to complete a health care screening to qualify for Medex coverage.

You're eligible for Medex if you meet the following requirements:

- You live in Massachusetts.
- You're enrolled (or will be enrolling) in Medicare Parts A and Part B.
- You may also be eligible if you're under age 65 and have a disability.

Medex Bronze shall, on or after January 1, 2020, only be offered to eligible persons who: (a) have attained 65 years of age before January 1, 2020; or (b) first became eligible for Medicare due to age, disability before January 1, 2020. Those who are otherwise eligible for Medicare Part A and B and who are enrolled in Medicare Part B, but who aren't eligible to purchase Medex Bronze, shall be eligible to purchase all other Direct Billed Medex plans that are currently offered.

Note: If you're already covered by both Medicare and Medicaid, you may not need the additional coverage that Medex would provide. For more information, contact the Massachusetts Executive Office of Elder Affairs insurance counseling program at **1-800-882-2003**.

*If you newly enroll in a Medex Bronze plan and you became Medicare Eligible before January 1, 2020, you won't be able to switch into Medex Sapphire until you have been covered under the Medex Bronze plan for a period of at least 12 months.

WHEN DO I ENROLL?

You can apply for Medex during initial eligibility or continuous Open Enrollment, and in special situations.

Initial eligibility

You're considered "initially eligible" if one of the situations in the chart below applies to you.

If You're:	You May Apply for Medex:
Under 65	
Enrolling in Medicare due to a disability	Within six months of your Medicare Part B effective date
Approaching 65	
Enrolling in both parts of Medicare	Within six months of your 65th birthday
Retiring from an employer-sponsored health plan and enrolled in Medicare Part B or enrolling in Medicare Part B	Within six months of your Medicare Part B effective date
Over or Under 65	
Involuntarily losing an employer-sponsored retiree health plan	Within six months of the event
Moving out of the service area of a Medicare health maintenance organization (HMO)	
Becoming a resident of Massachusetts	

Medex Continuous Open Enrollment

You may apply for Medex coverage at any time. Your coverage will begin the first of the month following the receipt of the application.

Please note: If you wish to switch from a Medicare Advantage plan to a Medex plan, call **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**) to learn how to dis-enroll from your Medicare Advantage plan.

HOW DO I ENROLL?

If you want to enroll in Medex, just follow these easy steps:



Choose a Medex plan. The charts in this brochure let you compare plan coverage and determine which option best suits your unique needs.



Decide if you want to be billed monthly or quarterly. You may find the quarterly billing option more convenient if you plan to travel for more than a few weeks at a time. You must also decide if you want your premium due on the 1st or 15th of each month.



Enroll online, by phone, by mail, or by fax. See below for details. In addition to your name and address, you'll need to provide the Medicare number that appears on your Medicare card. (If you don't have your Medicare card, contact the Social Security Administration office).

Please note that spouses need to enroll separately. If you receive your health benefits through a group contract (such as a former employer), please follow that group's enrollment procedures. Make sure that you keep a copy for your records.

Enrolling Is Easy

If you're ready to enroll in Medex, you can enroll by telephone, online, by mail, or by fax:

<ul style="list-style-type: none">• Telephone: Call 1-800-678-2265, Monday through Friday, 8:00 a.m. to 5:00 p.m. ET.• Online: Visit our website, bluecrossma.com/medicare, and click Enroll, then Online.	<ul style="list-style-type: none">• Mail: Complete and return the enclosed enrollment form in the pre-addressed business reply envelope provided.• Fax: You may also fax your completed enrollment form to us at 1-617-246-3633.
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And that's it! No need to send your premium payment with the application. You'll receive a bill after your application has been processed. If you have any questions about enrolling, please call us at **1-800-678-2265**.

WHEN WILL MY COVERAGE BEGIN?

Effective Date of Your Coverage

If you don't have Medicare coverage yet, the effective date of your Medex coverage is determined by the effective date of your Medicare Part B coverage.

If you already have Medicare coverage, your effective date is determined by the date we receive your application.

When Your Application Is Received	Your Medex Coverage Will Begin
Before the effective date of your Medicare coverage	The same day as your Medicare coverage
<ul style="list-style-type: none">• If you enroll within the first six months of your Medicare Part B coverage or• If you enroll during continuous open enrollment	<ul style="list-style-type: none">• The first day of the month following the month your application is received

Please Note: If you haven't enrolled in Medicare, contact your local Social Security Administration office three months prior to your 65th birthday.



PREMIUM RATES

When you turn 65 and become initially eligible for Medicare, you may qualify for a discounted Direct Pay Medex premium rate for up to three years.

If you're eligible for this discount, you'll receive a 15 percent discount the first year of enrollment, a 10 percent discount during the second year of enrollment, and a 5 percent discount during the third year of enrollment. After the third year, there is no discounted premium rate. To determine if you're eligible for the discount, call 1-800-678-2265.



2021 Rates	Billed Monthly	Billed Quarterly
Medex Core	\$107.88	\$323.22
Medex Sapphire	\$183.48	\$549.72
Medex Bronze	\$215.45	\$645.51

Rates effective January 1, 2021 through December 31, 2021.

Please note: If you obtained Medicare under the age of 65 due to disability, you're not eligible for the discount.

HELPFUL NUMBERS

We understand that health care can be confusing, particularly when combining plans like Medicare and Medex. The resources provided below can help you determine who to call to get the information you need.

Blue Cross Blue Shield of Massachusetts

Blue Cross Blue Shield of Massachusetts associates can answer questions regarding Medex options, premium rates, applications, timing, enrollment, and other Medex-related issues.

Medex Sales: 1-800-678-2265 TTY: 711

Serving the Health Information Needs of Everyone (SHINE)

SHINE is an independent organization dedicated to helping you understand and compare all your health plan options. Trained and certified counselors help you determine if you qualify for any supplemental assistance programs. All services are free of charge.

1-800-AGE-INFO (1-800-243-4636)

Medicare

If you have questions regarding Medicare, or to order a *Medicare & You* handbook, call **1-800-MEDICARE (1-800-633-4227)** (TTY: 1-877-486-2048) or visit [cms.gov](https://www.cms.gov).

24/7 Nurse Line: 1-888-247-BLUE (2583)

Not sure if you need to see a doctor? Medex members can call a registered nurse 24 hours a day at the Nurse Line for immediate assistance with health-related questions.

We think it's important for you to know...

At the onset of an emergency medical condition that in your judgment requires immediate attention, you should go to the nearest emergency room. For assistance, call your local emergency medical service system by dialing **911**, or your local emergency telephone number.

Index

Medicare Coverage (Combined with a Medex Core, Medex Sapphire, or Medex Bronze Plan) Refer to Pages 7, 8, 9

1. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.
2. Medex Bronze and Medex Sapphire coverage also includes \$8 a day for days 1–365 at a non-Medicare-participating facility.

Refer to Page 10

1. Biologically based mental conditions are defined as: schizophrenia; schizoaffective disorder; major depressive disorder; bipolar disorder; paranoia and other psychotic disorders; obsessive-compulsive disorder; panic disorder; delirium and dementia; affective disorders; eating disorders; substance abuse; post-traumatic stress disorder (PTSD); autism; and any biologically based mental disorders that are scientifically recognized and approved by the Massachusetts Department of Mental Health. Treatment for rape-related mental or emotional disorders is covered to the same extent as biologically based conditions.
2. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
3. Medex Core provides full coverage for Medicare daily co-insurance after you pay \$1,484 Part A deductible, and mental hospital coverage is limited to 60 days per calendar year.
4. Both days in a general hospital and days in a mental hospital count toward the 365 additional days per lifetime.
5. When covered by Medicare, Medex Core and Medex Sapphire provide full coverage of Medicare 20% co-insurance, after you pay \$203 annual Part B deductible, with no visit maximum.

Medicare Coverage (Combined with a Medex Plan) Refer to Page 11

1. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
2. Medex Core provides full coverage for Medicare daily co-insurance after you pay \$1,484 Part A deductible, and mental hospital coverage is limited to 60 days per calendar year.
3. Both days in a general hospital and days in a mental hospital count toward the 365 additional days per lifetime.
4. When covered by Medicare, Medex Core and Medex Sapphire provide full coverage of Medicare 20% co-insurance, after you pay \$203 annual Part B deductible, with no visit maximum.

Refer to Page 12

1. Medicare covers blood glucose materials for all diabetics, whether or not insulin-dependent. Medicare doesn't cover urine-testing materials.

1-800-678-2265 (TTY: 711) Monday through Friday, 8:00 a.m. to 5:00 p.m.
For plan information and a personal consultation.



RESOURCES

Medicare Plan Sales: 1-800-678-2265 (TTY: 711)

Monday through Friday, 8:00 a.m. to 5:00 p.m. ET.

bluecrossma.com/medicare

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and doesn't discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-678-2265** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-678-2265** (TTY: 711).



MASSACHUSETTS

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