



# Out-of-Country Medical Plan

## Summary of Benefits



# Your Choice

## About the Plan.

With this health care plan, you have the comfort of knowing that you're covered in sickness, in health, in the hospital, no deductibles, virtually no claim forms, and minimal out-of-pocket expense.

You have full coverage for covered inpatient hospital, physician, and other provider covered services. And, for some outpatient services, you pay a **\$20** copayment for each visit. The **\$20** copayment does not apply to preventive health services.

## The BlueCard® Program.

You can find participating providers or check a provider's current status in several ways:

- Call **1-800-810-BLUE (2583)**. Please 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 the area in which you wish to seek care.
- Visit the BlueCard® Provider Finder website at <http://provider.bcbs.com>.

Please 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.

If no participating provider is available, you will receive the same level of coverage as a participating provider. However, you may have to pay for covered services and submit a claim. Contact Member Services at the number on your ID card for claim filing forms and instructions.

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

## Utilization Review Requirements.

You must follow the requirements of Utilization Review, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Home Health Care, and Individual Case Management. 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. Information concerning Utilization Review is detailed in your benefit description and riders. If you do not notify Blue Cross Blue Shield and receive pre-approval, your benefits may be reduced or denied.

## 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>Preventive Health Services</b> Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> <li>• 10 visits during the first year of life</li> <li>• Three visits during the second year of life</li> <li>• One visit per calendar year from age 2 through age 18</li> </ul>	Nothing
Routine adult physical exams, including related tests, for members age 19 or older (one per calendar year)	Nothing
Routine PSA tests for a member age 40 or older (one per calendar year)	Nothing
Routine GYN exams, including related lab tests (one per calendar year)	Nothing
Routine hearing exams, including routine tests	Nothing
Routine vision exams (one every 24 months)	Nothing
Family planning services—office visits	Nothing
<b>Other Outpatient Care</b> Emergency room visits	\$100 per visit (waived if admitted or for observation stay)
Allergy injections	\$20 per visit
Clinic visits; physicians', podiatrists', and chiropractors' office visits	\$20 per visit
Chiropractors' office visits (up to 20 visits per calendar year)	\$20 per visit
Mental health and substance abuse treatment	\$20 per visit
Short-term rehabilitation therapy—physical, occupational and speech (up to 60 visits per calendar year*)	\$20 per visit
Diagnostic X-rays tests, lab tests, and other tests, excluding MRIs, CT scans, PET scans and nuclear cardiac imaging tests	Nothing
MRIs, CT scans, PET scans and nuclear cardiac imaging tests	\$20 per category per date of service
Oxygen and equipment for its administration	Nothing
Prosthetic devices	Nothing
Home health care and hospice services	Nothing
Durable medical equipment and repairs—such as wheelchairs, crutches, hospital beds	Nothing
Surgery and related anesthesia <ul style="list-style-type: none"> <li>• Office setting</li> <li>• Ambulatory surgical facility, hospital, or surgical day care unit</li> </ul>	\$20 per visit Nothing
<b>Inpatient care (including maternity care)</b> General or chronic disease hospital (as many days as medically necessary)	Nothing
Mental hospital and substance abuse facility care (as many days as medically necessary)	Nothing
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.

# Healthy Blue Programs

At Blue Cross Blue Shield of Massachusetts we offer you a group of programs, discounts and savings, resources, and tools to help you get the most you can from your health care plan. Call us at **1-800-814-4371** to receive information that outlines these special programs.

<a href="http://www.livinghealthybabies.com">www.livinghealthybabies.com</a>	No additional charge
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
Living Healthy Vision <sup>SM</sup> —discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)	Discount varies
Safe Beginnings—discounts on home safety items	Discount varies
Blue Care Line <sup>SM</sup> to answer your health care questions 24 hours a day—call <b>1-888-247-BLUE (2583)</b>	No charge
Living Healthy Naturally <sup>SM</sup> —discounts on different types of complementary and alternative medicine services such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi, and yoga	Up to a 30% discount
Visit <a href="http://www.AHealthyMe.com">www.AHealthyMe.com</a> for an around-the-clock healthy approach to fitness, family, and fun	No charge

## Questions? Call 1-800-814-4371.

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: cosmetic surgery; custodial care; hearing aids; most dental care; prescription drugs for use outside the hospital; glucometers; 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.