



HMO Blue[®]

\$15/\$25 Office Visit and
\$75 Emergency Room Copayment Option

Summary of Benefits

Mount Holyoke College



An Independent Licensee of the
Blue Cross and Blue Shield Association

Your Care

Your Primary Care Physician.

Your primary care physician (PCP) is the first person you call when you need medical care. If your PCP determines that you need to see a specialist, you'll most likely be referred to a specialist affiliated with your PCP's hospital or group practice. This is because your PCP has a working relationship with these specialists. And, the fact that your PCP and your specialist can easily communicate helps to ensure the quality of your care. Your physician 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 subscriber certificate.

Referrals You Can Feel Better About.

The bottom line for your HMO Blue PCP is your health. Which is why, should you and your PCP decide you need a specialist, you'll be referred to the one your physician determines is appropriate for treating your specific condition. Of course, if you have a specialist to whom you would like to be referred, tell your doctor. It's an important decision and the top priority is getting you healthy again.

Choosing a Primary Care Physician.

When you join HMO Blue, you choose a PCP for you and each member of your family. There are several ways to find a PCP: visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the *HMO Blue Directory of Providers*; 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.

Urgent Care.

This is care needed to treat an urgent medical condition that can wait for the time it takes to call your PCP for advice. Examples of urgent care are sprains, earaches, and high fever. If you need urgent medical care, call your PCP to arrange where you'll receive treatment. All HMO Blue PCPs have 24-hour phone coverage, seven days a week.

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). There is a **\$75** copayment for emergency room services, which is waived if your stay is for observation or you're admitted to the hospital. Any follow-up care must be arranged by your PCP.

When Outside the Service Area.

If you're traveling outside the service area and you need urgent or emergency care, you may 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. You, or someone on your behalf, must call Member Service within 48 hours (no call is needed if you go to an emergency room). And, any additional follow-up care must be arranged by your PCP.

Dependent Benefits.

This plan covers dependents to age 26, or for two calendar years after the dependent is no longer claimed on the subscriber's or spouse's federal tax return, whichever comes first. Additionally, this plan may cover unmarried full-time students or other unmarried dependents who do not otherwise qualify as eligible dependents. Please see your subscriber certificate (and riders, if any) for exact coverage details.

Domestic Partner Coverage.

Domestic partner coverage may be available for eligible dependents. Contact your plan sponsor for more information.

The HMO Blue Service Area.

All members must reside in the service area. Please see the HMO Blue subscriber certificate for a complete definition of the service area.

Your Medical Benefits

When you have HMO Blue, you have the comfort of knowing you're covered in sickness, in health, in the hospital, and in emergencies. You have benefits with no waiting periods, virtually no claim forms, and minimal out-of-pocket expense. And, in case of an emergency, you have Blue Cross Blue Shield's immediate name recognition wherever you travel.

Covered Services	Your Cost
Outpatient Care	
Office visits	
When performed by your PCP, OB/GYN, network nurse practitioner; or nurse midwife	\$15 per visit
When performed by other network providers	\$25 per visit
Well-child care	\$15 per visit
Routine checkups (including one gynecological exam per calendar year)	\$15 per visit
Emergency room visits	\$75 per visit (waived if admitted or for observation stay)
Maternity care	Nothing
Allergy injections only	Nothing
Diagnostic X-rays, laboratory tests, and other tests	Nothing
Oxygen and equipment for its administration	Nothing
Routine hearing exams	
When performed by your PCP or network nurse practitioner	\$15 per visit
When performed by other network providers	\$25 per visit
Routine vision exams (one per calendar year)	\$25 per visit
Family planning and infertility services	\$15 per visit
Preventive dental care for children under age 12 (one visit each six months)	Nothing
Home health care, including hospice care	Nothing
Durable medical equipment (such as wheelchairs, crutches, hospital beds) and repairs: Covered up to a maximum of \$1,500 per calendar year†	All charges beyond the calendar-year benefit maximum
Short-term rehabilitation therapy (physical and occupational): up to 60 visits per calendar year††	\$25 per visit
Speech, hearing, and language disorder treatment (speech therapy)	\$15 per visit
Prosthetic devices	20% of approved charges
Mental Health and Substance Abuse Treatment	
Biologically based conditions*	
Inpatient admissions in a general hospital or mental hospital	\$250 per admission**
Outpatient visits	\$15 per visit
Non-biologically based mental conditions (includes drug addiction and alcoholism)	
Inpatient admissions in a general hospital	\$250 per admission**
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	\$250 per admission**
Outpatient visits (up to 24 visits per calendar year)	\$15 per visit
Alcoholism treatment (in addition to non-biologically based mental conditions)	
Inpatient admissions in a general hospital	\$250 per admission**
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	\$250 per admission**
Outpatient visits (up to 8 visits per calendar year)***	\$15 per visit

† No dollar limit applies when durable medical equipment is furnished as part of covered home dialysis, home health care, or hospice services.

†† No limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or to diagnose and treat speech, hearing, and language disorders.

* Treatment for rape-related mental or emotional disorders and treatment for children under age 19 are covered to the same extent as biologically based conditions.

** Your copayment for an inpatient admission followed by outpatient day surgery or additional inpatient care (or for outpatient day surgery followed by inpatient care) within 30 days for the same or related illness will not be more than \$500.

*** The value of these visits is at least \$500 in each calendar year.

Your Medical Benefits (continued)

Covered Services	Your Cost
Inpatient Care (including maternity care)	
Hospital care (as many days as medically necessary)	\$250 per admission*
Care in a skilled nursing facility (up to 100 days per calendar year)	Nothing
Care in a rehabilitation hospital (up to 60 days per calendar year)	Nothing
Prescription Drug Benefit	
At designated retail pharmacies (up to a 30-day formulary supply for each prescription/refill or supply)	\$10 for Tier 1 \$20 for Tier 2 \$35 for Tier 3
Through mail service drug program (up to a 90-day formulary supply for each prescription/refill or supply)	\$20 for Tier 1 \$40 for Tier 2 \$70 for Tier 3

* Your copayment for an inpatient admission followed by outpatient day surgery or additional inpatient care (or for outpatient day surgery followed by inpatient care) within 30 days for the same or related illness will not be more than \$500.

Healthy Blue Programs

At Blue Cross Blue Shield of Massachusetts we offer you Healthy Blue, 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 **1-800-486-1136** to receive our *Healthy Blue* booklet, which outlines these special programs.

LIVING HEALTHY <i>Babies</i> ®	No charge
A Fitness Benefit toward membership at a health club (see your subscriber certificate 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—discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)	Discount varies
Discounts on safety helmets and home safety items	Discount varies
Blue Care® Line to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No charge
Living Healthy® Naturally—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 www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No charge

Questions? Call 1-800-486-1136.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Limitations and Exclusions. These pages summarize benefits under your HMO Blue plan. The benefits described are fully covered when arranged by your primary care physician and coordinated by HMO Blue. Your subscriber certificate defines the terms and conditions of your plan. Should any questions arise concerning benefits, the subscriber certificate will govern. Some of the services we don't cover are: chiropractor services; custodial care; cosmetic surgery; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, please refer to your subscriber certificate.