




Blue Care Elect PreferredSM (PPO)

90 With Copayment

Summary of Benefits

Massachusetts College of Pharmacy & Health Sciences
2011-2012 Student Blue Plan

 This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that will be effective January 1, 2011, as part of the Massachusetts Health Care Reform Law.

MCPHS Health Insurance Program Information

Health Services

Massachusetts College of Pharmacy and Health Sciences students on the Boston campus have access to the Wentworth Institute of Technology (WIT) Student Health Services in 003 Watson Hall, 617-989-4070, by utilizing their personal health insurance and scheduling appointments. Boston students should review the student health services website below for more information. BCBS is accepted at the WIT Student Health Services.

http://www.mcphs.edu/campuses/boston/student_life/student_health/

Health services for Worcester and Manchester campus students are available through the many providers in the local area.

Health Insurance Waiver and Enrollment Information:

According to the Commonwealth of Massachusetts and MCPHS policy, all Boston, Worcester and Manchester matriculated students (regardless of enrollment) must be covered by a comprehensive health insurance program. MCPHS is obligated by law to ensure that students meet this requirement. Any student who does not meet this obligation may obtain coverage through the Blue Cross and Blue Shield Student Health Insurance Plan, an alternative program arranged by the college and administered through University Health Plans, Inc.

A description of the Health Insurance available for MCPHS students and their eligible dependents can be found in Blue Cross Blue Shield's Summary of Benefits posted on www.universityhealthplans.com.

All Boston, Worcester and Manchester matriculated students (regardless of enrollment) will be charged \$1860 for the annual student insurance plan. If you have a comprehensive health insurance plan for the 2011-2012 academic year, you may complete the online waiver at www.universityhealthplans.com under the Massachusetts College of Pharmacy and Health Sciences tab. The charge will be removed from your student account only after a valid, completed waiver has been submitted.

Any student who does not submit proof of enrollment in a qualifying program before **September 15, 2011** will automatically be enrolled in and charged for the Student Health Insurance Plan. Once enrolled, waiving the insurance is not an option. **No exceptions or refunds will be granted.** Please note that international students will be automatically enrolled in the Plan with the exceptions of: 1) Those international students whose sponsoring institutions have a signed agreement with MCPHS that complies with the College's health insurance waiver requirements or 2) International students with a plan for which their health insurance company's primary office is based in the United States AND the policy provides comparable coverage to the College student health insurance plan. International students who do not fall under conditions 1 or 2 above MUST purchase the College's student health insurance plan.

For questions addressing BCBS general information, or if you do not have internet access, please contact University Health Plans at (800) 437-6448. If you have questions regarding the benefits please feel free to contact Blue Cross and Blue Shield of Massachusetts at (888) 753-6615. If you have questions about the \$1,860 premium that has been charged to your bill or your waiver, please contact Massachusetts College of Pharmacy and Health Sciences at (617) 732-2864.

Student Health Insurance Policy Periods and Premium Rates

	Annual (9/1/11-9/1/12)	Fall (9/1/11-1/1/12)	Spring (1/1/12-9/1/12)	Summer (5/1/12-9/1/12)
Student	\$1,860	\$620	\$1,240	\$620

If you are interested in insurance for dependents, then coverage for Insured Dependents will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later.

Dependent Enrollment Forms will be available online at www.universityhealthplans.com for you to print, fill out, and submit to University Health Plans.

When You Choose Preferred Providers.

You pay **10 percent** co-insurance for inpatient hospital, physician, and other provider covered services and some outpatient services. You also pay a **\$250** per admission copayment for outpatient surgery in facilities other than an office setting. And, for other outpatient services you pay a **\$15** copayment for each visit. The **\$15** copayment does not apply to preventive services.

Please note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use is not a preferred provider, you're still covered, but your benefits will be covered at the out-of-network level, even if the preferred provider refers you.

How to Find a Preferred Provider.

There are several ways to find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory, call Member Service at the number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com for Massachusetts providers.
- Visit the BlueCard® Provider Finder website at <http://provider.bcbs.com>.
- Call the BlueCard Program at **1-800-810-BLUE (2583)**, 24 hours a day, seven days a week.

When You Choose Non-Preferred Providers.

You pay **30 percent** co-insurance for most out-of-network covered services. **However, you pay 20 percent co-insurance when the corresponding in-network benefit is covered by a copayment, such as well-child care visits.**

Out-of-Pocket Maximum.

The out-of-pocket maximum applies to in-network and out-of-network covered services combined. When the money you pay for the co-insurance and copayments that are more than \$100 per visit (if any) equals **\$5,000** for a member in a plan year (or **\$10,000** 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 the out-of-pocket maximum.

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 **\$150** copayment per visit for in-network or out-of-network 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 subscriber certificate 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 subscriber certificate (and riders, if any) for exact coverage details.

Your Medical Benefits

Plan Specifics	Your Cost In-Network	Your Cost Out-of-Network
Plan-year out-of-pocket maximum	\$5,000 per member/\$10,000 per family for in-network and out-of-network services combined	
Covered Services		
Preventive Care Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> • 10 visits during the first year of life • Three visits during the second year of life • One visit per calendar year from age 2 through age 11 	Nothing	20% co-insurance
Routine physical exams, including related tests, for members age 12 or older (one per calendar year)	Nothing	20% co-insurance
Routine GYN exams, including related lab tests (one per calendar year)	Nothing	20% co-insurance
Routine hearing exams, including routine tests	Nothing	20% co-insurance
Routine vision exams (one every 24 months)	Nothing	20% co-insurance
Family planning services—office visits	Nothing	20% co-insurance
Other Outpatient Care Emergency room visits	\$150 per visit (waived if admitted or for observation stay)	\$150 per visit (waived if admitted or for observation stay)
Allergy injections	\$15 per visit	20% co-insurance
Clinic visits; physicians', podiatrists', and chiropractors' office visits	\$15 per visit	20% co-insurance
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per calendar year*)	\$15 per visit	20% co-insurance
Speech, hearing, and language disorder treatment—speech therapy	\$15 per visit	20% co-insurance
Diagnostic X-rays, lab tests, and other tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests (excluding routine tests)	10% co-insurance	30% co-insurance
Oxygen and equipment for its administration	10% co-insurance	30% co-insurance
Prosthetic devices	10% co-insurance	30% co-insurance
Home health care and hospice services	10% co-insurance	30% co-insurance
Durable medical equipment—such as wheelchairs, crutches, hospital beds (up to \$1,500 per calendar year**)	10% co-insurance and all charges beyond the calendar-year maximum	30% co-insurance and all charges beyond the calendar-year maximum
Surgery and related anesthesia <ul style="list-style-type: none"> • Office setting • Ambulatory surgical facility, hospital, or surgical day care unit 	\$15 per visit \$250 per admission	20% co-insurance 20% co-insurance
Inpatient Care (including maternity care) General or chronic disease hospital care (as many days as medically necessary)	10% co-insurance	30% co-insurance
Rehabilitation hospital care (up to 60 days per calendar year)	10% co-insurance	30% co-insurance
Skilled nursing facility care (up to 100 days per calendar year)	10% co-insurance	30% co-insurance

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care.

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

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Mental Health and Substance Abuse Treatment Biologically based conditions* <ul style="list-style-type: none"> Inpatient admissions in a general hospital, mental hospital, or substance facility Outpatient visits 	10% co-insurance \$15 per visit	30% co-insurance 20% co-insurance
Non-biologically based mental conditions <ul style="list-style-type: none"> Inpatient admissions in a general hospital Inpatient admissions in a mental hospital (up to 60 days per calendar year) Outpatient visits (up to 24 visits per calendar year) 	10% co-insurance 10% co-insurance \$15 per visit	30% co-insurance 30% co-insurance 20% co-insurance
Prescription Drug Benefits At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3	Not covered
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 \$90 for Tier 3	Not covered

* Treatment of rape-related mental or emotional disorders for victims of a rape or victims of an assault with intent to rape and treatment for children under age 19, are covered to the same extent as biologically based conditions.

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 **1-888-753-6615** to receive information that outlines these special programs.

www.livinghealthybabies.com	No additional 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 SM —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 SM to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No additional charge
Living Healthy Naturally SM —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 additional charge

Questions? Call 1-888-753-6615.

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

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?

Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. The subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: 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 subscriber certificate and riders.